

25 YEAR RE-REVIEW

MUTUAL BENEFIT HEALTH & ACCIDENT ASSOCIATION OMAHA

(Herein called the Association)

IN CONSIDERATION of the application of

GOVERNMENT EMPLOYEES HEALTH ASSOCIATION, INC.

(Herein called the Policyholder)

for this policy, copy of which application is attached hereto and made a part hereof, and in consideration of the payment by the Policyholder of the initial premium and of the payment thereafter by the Policyholder, during the continuance of this policy, of all premiums as they become due, as hereinafter provided,

HEREBY AGREES to pay, with respect to the protected persons insured hereunder, in accordance with and subject to all the terms, conditions and limitations of this policy, the benefits described herein, if and when any such protected person becomes entitled thereto.

The term of this policy begins on the effective date August 1, 1960, at 12:01 A.M. Standard Time of the place where the main office of the Policyholder is located and ends on the first anniversary thereof, as set forth hereinafter, but the policy may be continued, as hereinafter provided, upon due payment of premiums.

The provisions set forth on the following pages are a part of this contract as fully as though recited at length over the signatures hereto affixed.

IN WITNESS WHEREOF, MUTUAL BENEFIT HEALTH & ACCIDENT ASSOCIATION has caused this policy to be signed by its President and its Secretary.



W. J. Maginn

Secretary.

W. J. Skutt

President.

GROUP POLICY NO.

GMG-1810

Form 701 MGM

77

GENERAL PROVISIONS

1. **ELIGIBILITY.** Each person within the classes shown in the Plan of Insurance and Application shall become eligible for insurance as hereinafter provided.

All persons presently within the eligible classes shall be eligible for insurance hereunder on the effective date of the policy, except as follows:

None

Each person who comes within the eligible classes after the effective date of this policy shall be eligible for insurance on the date on which such person has been within the eligible classes for a qualifying period of
None

Persons who are eligible by reason of employment but who are not actively at work when they would otherwise be eligible shall become eligible on the date of their return to active work.

2. **EFFECTIVE DATE OF INDIVIDUAL INSURANCE.** Each eligible person who makes written application for insurance hereunder during the required qualifying period, if any, or within ^{thirty-one days} from the date he becomes an eligible person, shall become a protected person on the date such application is made.

Any eligible person who makes written application more than ^{thirty-one days} after the date he becomes an eligible person or who applies for reinstatement of his insurance after it has been terminated because of failure to make any agreed contribution when due shall be required to furnish, at his own expense, evidence of insurability satisfactory to the Association and such insurance shall not become effective prior to a date determined by the Association.

3. **AMOUNTS OF COVERAGE.** The amounts for which a protected person is covered under this policy shall be those amounts applicable to his classification shown in the Plan of Insurance. If a protected person's classification changes, the amounts for which he is covered under this policy shall be adjusted to conform to his new classification effective ^{the first day of the policy month following the date his classification changes} but only after the Association has been notified by the Policyholder of such change in classification as required under General Provision 10.

In the event of a change in classification or in the Plan of Insurance because of an increase or decrease in benefits, a protected person who is not actively at work on the date a change in the amount of his coverage would otherwise become effective shall not be entitled to such benefit change ^{until he returns to active work}

4. **TERMINATION OF INDIVIDUAL INSURANCE.** The insurance of any protected person insured hereunder shall terminate on whichever of the following dates occurs first:

- (a) the first day of the policy month following the date ^{he ceases to be} within the classes of persons eligible for the insurance under this policy, or
- (b) the date ^{that any contribu-} tion required on the part of the protected person is due and unpaid, or
- (c) the first day of the policy month following the date ^{the Policyholder} receives notice from the protected person that his insurance is to be terminated, or
- (d) the date this policy is discontinued, or
- (e) the date the protected person enters the armed forces on full-time active duty.

A person who is eligible for insurance because of employment shall cease to be within the classes of persons eligible for insurance upon termination of employment. Termination of employment shall, for the purpose of this insurance, be defined as cessation of active work by layoff, work stoppage, leave of absence, resignation, dismissal, being pensioned or retired or cessation of active work because of disability.

If a protected person ceases to be within the classes of eligible persons, his insurance shall terminate on the date specified in the preceding paragraphs, except that upon payment of the premium for such protected person by the Policyholder, he shall continue to be a protected person for an additional period of six (6) months in the event of leave of absence or disability.

If a protected person's insurance is terminated during a disability covered by this policy and the protected person returns to active work at the end of the period of his disability, his insurance under the policy may be reinstated as of the date of his return to work without evidence of insurability.

If, at the time of termination of insurance, the protected person is receiving benefits in accordance with the provisions of this policy, such benefits shall continue to be paid for the balance of the period for which he would otherwise have been entitled to such benefits.

5. CONTINUANCE OF POLICY. This Policy may be continued in force, in accordance with General Provisions 6, 7 and 8 relating to payment of premiums, for a further term of one year upon the payment, prior to the expiration of the grace period immediately following the anniversary date of the policy, of the premium for the insurance so continued.

If at any time the number of persons insured hereunder shall be less than 25, or less than 75% of those eligible for insurance, the Association reserves the right to decline to continue this policy on the first policy anniversary or on any premium due date thereafter.

6. EXPERIENCE RATING. On the first policy anniversary and upon each premium due date thereafter, providing the then current premium rate has been in effect for at least twelve months, the Association shall have the right to change the premium rates at which further premiums shall be computed, but no increase in premiums shall be retroactive.

The Association may, as of any anniversary date of this policy, declare a retroactive rate refund for the policy year just completed. Should a Policyholder qualify for such retroactive rate refund and should such refund exceed the Policyholder's share of the premium, the excess shall be applied by the Policyholder for the sole benefit of the protected persons.

7. PAYMENT OF PREMIUMS. The initial premium shall be due on the 1st day of August 19 60, for the period ending on the 15th day of August, 19 60. Subsequent premiums shall be payable bi-weekly in advance on the 1st and 15th day of each month thereafter during the continuance of this policy. The policy anniversaries are deemed to occur on the 1st day of August of each year beginning in 19 61. The premium due on the effective date hereof and on each subsequent due date shall be the sum of the individual premiums of each protected person determined according to his respective benefits and his classification at the time the premium is due.

All premiums or installments thereof are payable to the Association at the Home Office of the Association in Omaha, Nebraska, on or before each premium due date. Premiums may be paid annually, semiannually, quarterly, monthly, or any other mode mutually agreeable at the Association's rates therefor. The payment of any premium or installment thereof shall not maintain the policy in force beyond the due date of the next premium or installment, except to the extent hereinafter expressly provided. The Association operates on the full legal reserve basis and the contingent mutual liability hereunder shall not exceed one additional premium in the amount of the premium required herefor.

8. GRACE IN PAYMENT OF PREMIUMS—TERMINATION OF POLICY. A grace period of thirty-one days will be granted to the Policyholder for the payment of every premium due after the initial premium during which time this policy shall remain in force, unless the Policyholder or the Association shall have given previous notice that the policy is to be terminated as of the due date of such premium in which event no grace period will be allowed.

If such notice is not given and the premium is not paid before the expiration of the grace period, this policy may be terminated by the Association by mailing to the Policyholder written notice stating when, not less than five days thereafter, such termination shall be effective. In the event of such notice, or if written notice is given by the Policyholder to the Association during the grace period that the policy is to be terminated, the

Policyholder shall be liable to the Association for the pro rata premium for the period from the due date of such premium to the date of such termination.

The mailing of notice as aforesaid shall be sufficient proof of notice and shall terminate the policy as of the date stated in the notice. Delivery of such written notice whether by the Policyholder or the Association shall be equivalent to mailing.

9. POLICY CONTRACT. This policy and the application therefor together with the individual applications, if any, of the protected persons, constitute the entire contract between the parties hereto. No change or modification may be made nor the date of payment of any premium changed except by agreement in writing signed by an officer of the Association, and the Association shall not be bound by any promise or representation affecting this contract made at any time by any person other than an officer of the Association. All statements made by the Policyholder and the protected persons shall be deemed representations and not warranties and no such statement shall avoid this policy unless it is contained in the written application therefor, a copy of which is attached hereto.

10. RECORDS—INFORMATION TO BE FURNISHED. The Policyholder shall keep a record of the protected persons, containing the essential particulars of the insurance of each such person. The Policyholder shall furnish monthly, on the Association's forms such information relating to new protected persons, adjustments because of changes in classification and termination of insurance as may be required by the Association to properly administer this insurance. The Policyholder's books and records which may have a bearing on the insurance provided under this policy shall be open to the Association for inspection at any time during the policy period and within one year after termination of the policy.

11. CLERICAL ERROR. If an eligible person made proper written application for insurance hereunder during the period specified in the first paragraph of General Provision 2 and also made the required contribution, if any, to the Policyholder, but, through clerical error, the Policyholder failed to give due notice thereof to the Association, the insurance to which such eligible person would have been entitled shall nevertheless be effective from the date specified in the first paragraph of General Provision 2 as soon as proper premium remittance to the Association is made.

12. INDIVIDUAL CERTIFICATE. The Association will issue to the Policyholder for delivery to each protected person insured hereunder an individual Certificate setting forth a statement as to the insurance benefits to which such protected person is entitled under this policy and to whom such benefits are payable.

13. EXCLUSIONS AND LIMITATIONS. This policy does not cover (a) injuries arising out of or in the course of the employment of the protected person or his dependents or sickness covered by a Workmen's Compensation Act or similar legislation, (b) hospitalization or medical or surgical treatment provided by or paid for by the United States Government or any instrumentality thereof, (c) any loss caused by war or act of war, or (d) loss incurred while engaged in military, naval or air service.

PLAN OF INSURANCE

Effective Date August 1, 1960

Classification

Class 1 - All full time active employees of
Engineering Research.

Premiums

The bi-weekly premium for each protected person
is as follows:

Class 1	\$1.57
Dependents	\$4.64

DEPENDENT INSURANCE

ELIGIBILITY. The insurance specified herein on account of Dependents is applicable only if the protected person is eligible for, has requested, and is insured for such dependent insurance.

Eligible dependents shall include the spouse of the protected person and the protected person's unmarried children, excluding in any case:

- (a) a child more than 18 years of age, except that unmarried children who are 18 but less than 23 years of age are eligible if they are wholly dependent upon the protected person for support and maintenance and their time is devoted principally to attending school or college,
- (b) the spouse of the protected person, if legally separated from the protected person, and
- (c) any dependent who is eligible for insurance under the policy as a protected person.

If both husband and wife are insured under this policy as protected persons, children may be insured as dependents of the husband or wife, but not both.

A protected person's children shall include any step-children, legally adopted children, and foster children provided such children are dependent upon the protected person for support and maintenance.

EFFECTIVE DATE OF DEPENDENT INSURANCE. If a protected person makes application for dependent insurance in his original application for insurance (provided such application was made during the required qualifying period, if any, or within thirty-one days from the date the protected person became eligible for insurance under this policy), such dependent insurance shall become effective on the date the protected person's insurance becomes effective. If a protected person has no eligible dependents on the date he becomes insured under this policy and subsequently acquires a dependent and makes application for insurance for such dependent within thirty-one days thereafter, such insurance for eligible dependent shall become effective on the date such application is made or the date a protected person acquires an eligible dependent, whichever is later.

If written application for dependent insurance is made at any time other than that specified in the preceding paragraph, or if a protected person applies for reinstatement of his dependent insurance after it has been terminated because of failure to make any agreed contribution when due, the protected person shall be required to furnish, at his own expense, evidence satisfactory to the Association of the insurability of each eligible dependent the protected person then has and such insurance shall not become effective prior to a date determined by the Association.

If a protected person, after his dependent insurance becomes effective, acquires an additional eligible dependent, the protected person shall be automatically insured with respect to such dependent, unless the premium rate applicable to the protected person's dependent insurance would thereby be increased. If the premium rate would be increased, the protected person shall become insured with respect to such additional eligible dependent only under the conditions stated in the two preceding paragraphs.

If a dependent is confined in a hospital on the date such dependent becomes eligible or on the date a change in coverage would otherwise become effective, the dependent's insurance or change in coverage shall not become effective until final discharge from the hospital. This requirement, however, shall not apply to a new-born child confined in a hospital at birth.

TERMINATION OF DEPENDENT INSURANCE. The insurance of any dependent insured hereunder shall terminate on whichever of the following dates occurs first:

- (a) the first premium due date following the date such dependent ceases to be an eligible dependent, or
- (b) the date the protected person's coverage hereunder terminates, or
- (c) the date the protected person fails to make the agreed contribution for dependent coverage, or
- (d) the date the dependent enters the Armed Forces on full-time active duty, or
- (e) the date this policy is discontinued.

If at any time the number of protected persons insured with respect to all their eligible dependents hereunder shall be less than 75 per cent of all eligible protected persons having dependents, the Association reserves the right to decline to continue this dependent insurance on the first policy anniversary or on any premium due date thereafter.

CONVERSION PRIVILEGE

If a protected person ceases to be within the class or classes of persons eligible for insurance under this group policy, such protected person shall be entitled to have issued to him, without furnishing evidence of insurability, an individual policy, or, if the protected person's dependents were also insured under this group policy, a family policy; provided that such protected person is then under 76 years of age and makes written application and the first premium payment therefor to the Association within thirty days after termination of his insurance under this group policy. The form of the individual or family policy, the coverage thereunder, and all other terms and conditions thereof shall be as provided by the rules of the Association for such individual or family policy at the time of such application. Under the family policy the protected person may include only those of his dependents, excluding any dependent children over age 17, who were insured under this group policy on the date his insurance terminated.

The individual or family policy, if issued, shall become effective on the day the application is signed or on the date of termination of insurance under this group policy, whichever is the later, and any benefits which are payable under this group policy shall be excluded from coverage under the individual or family policy.

If a protected person, after converting to an individual or family policy, again becomes eligible for insurance under this group policy and his individual or family policy is continued in force after he again becomes eligible, such person shall be required to furnish, at his own expense, evidence of insurability before he may again become insured under this group policy. In the event a protected person has a family policy which is continued in force after he again becomes eligible for insurance under this group policy, such protected person shall also be required to furnish, at his own expense, evidence of insurability for each of his dependents before they may again become insured as dependents under this group policy.

Regardless of any provision contained in this conversion privilege, the issuance of any policy described herein shall be subject to all of the rules and regulations of the state in which application is made.

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The benefits for dependents provided herein shall be applicable only if the protected person is eligible for, has requested and is insured for such dependent benefits.

If a protected person or dependent is eligible for benefits under any other group policy issued by the Association, the amount payable under this policy shall be reduced by the amount payable under such other group policy.

PART A. HOSPITAL EXPENSE BENEFITS

HOSPITAL ROOM BENEFIT. If a protected person or an eligible dependent, because of accidental bodily injuries or sickness, shall be confined as a resident patient in a hospital, the Association, provided such hospital confinement commences while the protected person or dependent is insured under this policy, will pay benefits for the expense actually incurred by the protected person for hospital room and board during the period of hospital confinement, but not to exceed \$20.00 per day nor to exceed 90 days for any one period of hospital confinement.

MISCELLANEOUS HOSPITAL EXPENSE BENEFITS. During the period of hospital confinement for which benefits are paid under the preceding paragraph, the Association will pay for the expense actually incurred by the protected person for all other necessary care and treatment for which the hospital makes a charge (excluding charges made by the protected person's or dependent's nurse or physician) together with the expense actually incurred for regular and customary charges made by the ambulance company for transportation to and from the hospital in an ambulance (up to \$25.00 for any one period of hospital confinement), but not to exceed 100% of the first \$202.50 of covered miscellaneous hospital expenses plus 80% of the balance, and not to exceed, in the aggregate, \$5,000.00 for all such expense incurred for any one period of hospital confinement.

OUTPATIENT SERVICE IN A RECOGNIZED HOSPITAL OR CLINIC. If a protected person or an eligible dependent shall, while insured under this policy and because of accidental injuries or sickness, receive outpatient services in a hospital or clinic listed by the American Hospital Association in their Guide Issue, the Association, providing no benefits are payable under any other provision of this policy, will pay for the expense actually incurred for such service of the type described in the policy under MISCELLANEOUS HOSPITAL EXPENSE BENEFITS, but not to exceed, in the aggregate, \$202.50 for any one accident or sickness.

SUCCESSIVE PERIODS OF HOSPITAL CONFINEMENT. Successive periods of hospital confinement shall be considered one period of hospital confinement unless:

- (1) In the case of a protected person, the subsequent confinement commences after return to active work on full time or unless the subsequent confinement is due to causes entirely unrelated to the causes of the previous confinement, or
- (2) In the case of a dependent, the subsequent confinement commences more than three months after the previous confinement or unless the subsequent confinement is due to causes entirely unrelated to the causes of the previous confinement.

MATERNITY BENEFITS. If a female protected person or a dependent wife, while insured under this policy, shall become confined in a hospital as a result of pregnancy, including resulting childbirth or miscarriage, the Association will pay benefits up to \$16.00 per day during the period of hospital confinement, but not to exceed 8 days for any one pregnancy, except that for a cesarean section or miscarriage, the Association will pay for the expense actually incurred during the period of hospital confinement for hospital care, treatment and service (of the type described under HOSPITAL ROOM BENEFIT and MISCELLANEOUS HOSPITAL EXPENSE BENEFITS) received by the female protected person or dependent wife in her own behalf, but not to exceed, for any one pregnancy, the limits specified for any one period of hospital confinement under HOSPITAL ROOM BENEFIT and MISCELLANEOUS HOSPITAL EXPENSE BENEFITS.

Moreover, any bassinet or nursery charges made by the hospital for any day on which both mother and child are jointly confined in the hospital shall be deemed to be expenses attributable to the mother only and shall not be Covered Charges of the child for any purpose under this policy.

In case the female protected person or dependent wife is not hospital confined at any time during pregnancy, but is cared for at home by a registered graduate nurse, the Association, provided maternity benefits would have been payable if the protected person or dependent wife was hospital confined, will pay for the expense actually incurred for such nurse's fees, but not to exceed \$36.00 for any one pregnancy.

Maternity benefits for female protected persons are not payable unless covered under a family enrollment.

EXCEPTION. This HOSPITAL EXPENSE BENEFITS provision does not cover pregnancy, including resulting childbirth or miscarriage, except as provided under MATERNITY BENEFITS. This provision is also subject to the EXCLUSIONS AND LIMITATIONS section of the General Provisions.

PART B.
SURGICAL OPERATION EXPENSE BENEFITS

If a protected person or an eligible dependent, while insured under this policy, shall, because of accidental bodily injuries or sickness, have an operation performed or a dislocation or fracture repaired by a physician or surgeon, the Association will pay for the expense actually incurred therefor, but not to exceed that amount which results when the particular Surgical and Anesthesia Relative Value Units listed in the following Schedule for the surgical procedure performed is multiplied by the Unit Value of \$5.00.

INTEGUMENTARY SYSTEM

Skin and Subcutaneous Areolar Tissue

	Relative Value Units	Surg. Anes.
Incision		
*0101 Drainage of infected steatoma . . .	1.0	
*0102 Drainage of furuncle	1.0	
*0108 Drainage of carbuncle	1.0	
*0114 Drainage of subcutaneous abscess (where not specified elsewhere). . .	1.0	
*0115 Drainage of pilonidal cyst	1.0	
*0125 Drainage of onychia or paronychia, with or without complete or partial evulsion of nail.	1.0	
*0130 Incision and removal of foreign body, subcutaneous tissues, simple	2.0	
*0140 Drainage of hematoma	1.0	
*0145 Puncture aspiration of abscess or hematoma	1.0	
Excision		
0171 Biopsy of skin or subcutaneous tissue	2.0	
0178 Excision of small neoplastic, cicatricial, inflammatory or congenital lesion of skin or subcutaneous tissues, one	3.0	T
0180 more than one	4.0	4.0
0190 Wide excision of lesion of skin or subcutaneous tissues, one . .	5.0	T
0191 with graft or plastic closure (see 0260 to 0325)		
0215 Lipectomy (see 0178 to 0190, 0260 to 0262)		
*0230 Excision of nail, nail bed or nail fold, partial.	2.0	
0231 complete	5.0	T
0238 Excision of pilonidal cyst or sinus	20.0	7.0
0240 Excision of hidradenitis suppurativa (see 0178 to 0190, 0260 to 0319)		
0242 Excision of post-phlebotic varicose ulcer with graft (independent procedure) (see 0288 to 0319)		
Repair - Simple		
0251 Wounds, small, suture of recent small wounds requiring closure (up to 2 1/2 inches) . . .	3.0	T

Repair - Simple (continued)

0253 Debridement, extensive
abraded wounds, skin (same
as 0351 to 0356)

Surg. Anes.

T

Repair - Plastic Surgery

The following values (0260 to 0325) are to be applied in situations where delicate handling of tissues, meticulous closure of wounds in layers, and other time-consuming techniques commonly employed by the plastic and reconstructive surgeon are necessarily used to obtain maximum functional and cosmetic results. They include the creation or preparation of the defect and its repair. The measurements listed refer to the size of the surface defect. A copy of the operative note including operating time must be supplied upon request.

The values listed are for procedures carried out on the trunk area. Values for the same procedures carried out elsewhere on the body where greater degrees of skill, effort and time are necessary are calculated by multiplying the listed base values by the appropriate following factor:

- (a) Scalp, arms, legs one and one-half times base value
- (b) forehead, cheeks, shin,
mouth, neck, axilla,
genitalia, hands, feet . . . two times base value
- (c) eyelids, nose, ears,
lips (except V-exci-
sions - items 2742 to
2743) two and one-half times base value

0260	Excision and/or repair by direct closure of essentially round neoplastic, cicatricial, inflammatory, traumatic or congenital lesions creating a surface defect up to 1/8 inch in diameter	3.0	T
0261	1/8 inch to 3/8 inch in diameter	7.0	T
0262	over 3/8 inch in diameter	15.0	T
0265	Excision and/or repair by direct closure of linear lesion or wound creating a surface defect up to 1/8 inch wide and 3/4 inch long . .	3.0	T

Repair - Plastic Surgery (continued)		Surg.	Anes.
0266	each additional 1/2 inch	1.0	T
0275	Excision and/or repair by Z-plasty, rotation flap, advanced flap, double pedicle flap, or other rearrangement and suturing of adjacent tissues, small	15.0	T
0276	large	25.0	T

GRAFTS - List dimensions of defect covered, location of defect and type of graft. Fee includes creation or surgical preparation of defect, the obtaining and placing of the graft and the care of the donor site (except in items 0297 and 0309).

*0288	Skin grafts, pinch or split skin, less than 2 square inches	5.0	T
0289	pinch or split skin, 2 to 32 square inches	20.0	T
0291	each additional 32 square inches or part thereof at same procedure	10.0	T
0295	free full thickness, up to 3 square inches	20.0	T
0296	each additional 3 square inches or part thereof at same procedure	10.0	T
0297	requiring skin graft of local flaps to repair donor site (use multiple procedure formula to obtain value of donor site repair)		
0308	direct flap or tube pedicle formation, initial stage	20.0	6.0
0309	requiring skin graft to repair pedicle flap donor site (use multiple procedure formula to obtain value of this donor site repair)		
0310	delay, intermediate transfer, or sectioning of pedicle of tube or flap graft	15.0	4.0
0311	excision of lesion or preparation of recipient site and attachment of tube or pedicle graft . .	20.0	T

BURNS - List percentage of body surface involved, location of involved area, age of patient, and degree of burn. (Does not include skin grafts.)

*0352	Dressings, initial or subsequent under anesthesia, small	4.0	T
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BURNS - continued		Surg.	Anes.
*0353	under anesthesia, large or with major debridement, per hour	100.0	T

Destruction

*0401	Cauterization or fulguration of local lesion, single, small, initial	1.0	
*0402	subsequent	1.0	

BREAST

Incision			
*0430	Puncture aspiration of cyst .	1.0	
0431	Mastotomy with exploration, or drainage of abscess - deep	10.0	5.0

Excision

0441	Biopsy of breast	10.0	5.0
0445	Excision of cyst, fibroadenoma or other benign tumor, aberrant breast tissue, duct lesion or nipple (including any other partial mastectomy), unilateral	15.0	5.0
0446	Excision of chest wall tumor involving ribs	70.0	15.0
0447	Excision of chest wall tumor involving ribs plus plastic reconstruction	100.0	21.0
0451	Excision of cyst, etc., bilateral	25.0	7.0
0457	Complete (simple) mastectomy	30.0	8.0
0470	Radical mastectomy, including breast, pectoral muscles and axillary lymph nodes . .	60.0	12.0

MUSCULOSKELETAL SYSTEM

BONES

These fees include the application of first cast or traction device.

Incision

0501	Aspiration biopsy of bone marrow, including sternal puncture	3.0	
0506	Incision of soft tissue, abscess from osteomyelitis	10.0	4.0
0513	Sequestrectomy for osteomyelitis or bone abscess, superficial	10.0	4.0

0516	Removal of metal band, plate, screw or nail (independent procedure).....	15.0		Surg. Anes.	
			T		

OSTEOTOMY - Cutting, division or transection of bone, with or without internal fixation.

0526	Clavicle.....	30.0	6.0		
0527	Humerus.....	35.0	6.0		
0530	Radius (malunited Colles' fracture).....	30.0	6.0		
0531	Ulna.....	30.0	6.0		
0532	Femur, subtrochanteric.....	60.0	12.0		
0534	Femur, supracondylar.....	60.0	12.0		
0536	Tibia.....	40.0	8.0		
0537	Lesser bones.....	25.0	6.0		
0538	Correction of bowlegs or knock-knees, bilateral.....	50.0	12.0		
0539	unilateral.....	30.0	6.0		

Excision

0550	Biopsy bone, superficial.....	4.0	4.0		
0551	deep.....	20.0	5.0		
0552	Claviclectomy, partial.....	30.0	6.0		
0553	total.....	50.0	9.0		
0554	Astragalectomy.....	40.0	8.0		
0556	Excision of head of radius.....	30.0	7.0		
0557	Carpectomy, one bone.....	25.0	7.0		
0560	Coccygectomy.....	30.0	7.0		
0561	Patellectomy or hemipatellectomy.....	35.0	7.0		
0563	Metatarsectomy.....	20.0	6.0		
0565	Excision of bone marrow.....	4.0			
0566	Excision of bone cyst, chondroma, or exostosis, large bones.....	40.0	8.5		
0567	small bones.....	20.0	6.0		
0576	Partial osteotomy; partial excision of bone; craterization, guttering or saucerization of bone; diaphysectomy - femur, tibia, humerus, radius, fibula, etc.....	40.0	8.5		
0577	lesser bones.....	20.0	6.0		
0580	Radical resection of bone for tumor with bone graft, major bone.....	80.0	16.0		
0581	minor bone.....	50.0	11.0		
0591	Insertion of wire (Kirschner wire).....	5.0	4.0		

reduction (independent procedure only; associated procedures, see Fractures).

0593	Insertion of metal pin (Steinmann pin).....	5.0	4.0	Surg. Anes.	
0595	Insertion of caliper or tongs.....	5.0	4.0		
0597	Insertion of threaded or beaded wire.....	5.0	4.0		

Repair

0611	Osteoplasty: shortening of bone, femur, tibia, humerus.....	80.0	12.0		
0612	shortening of bone, radius ulna.....	50.0	10.0		
0613	other bones.....	30.0	8.5		
0614	lengthening of bone.....	100.0	18.0		
0616	mandibular for prognathism or micrognathism, one or two stages.....	100.0		T	

BONE GRAFT - Osteoperiosteal graft; periosteal graft. Includes obtaining and placing of graft.

0617	Bone graft; femur, tibia, humerus.....	80.0	16.0		
0618	radius, ulna.....	50.0	11.0		
0619	autogenous, to face or skull (including taking and placing).....	by report		T	
0620	other bones.....	30.0	9.0		
0622	Bone or cartilage graft, non-autogenous, or heterologous graft, to face or skull (including preparing and placing material).....	50.0	11.0		
0634	Spinal fusion with partial excision of intervertebral disk (see Joints - Excision - 1075 to 1076).....	100.0	18.0		
0635	Spinal fusion, more than two segments.....	80.0	17.0		
0642	Lumbosacral fusion.....	70.0	15.0		
0645	Scapulopexy.....	50.0	12.0		
0648	Patellapexy.....	40.0	9.0		
0649	Pectus excavatum - infants - plastic repair.....	30.0	7.0		
0650	Pectus excavatum (major) plastic repair.....	100.0	17.0		
0654	Epiphyseal-diaphyseal fusion; epiphyseal arrest; epiphyseodesis, femur.....	40.0	9.0		
0655	tibia and fibula.....	40.0	9.0		
0656	combined (femur, tibia and fibula).....	60.0	12.0		
0657	combined (upper and lower tibial and fibular).....	60.0	12.0		

			Surg. Anes.				Surg. Anes.
0667	Freeing of bone adhesions, callus or synostosis (independent procedure) (see Osteotomy)			0742	simple or compound, open reduction	30.0	T
FRACTURES				0747	Scapula, simple, closed reduction	10.0	4.0
Manipulation				0752	plus acromial process, simple, closed reduction . .	15.0	4.0
*0681	Skull, nonoperative	3.0		0753	compound	30.0	7.0
0683	depressed with operation. . .	50.0	13.0	0754	simple or compound, open reduction	45.0	9.0
Facial Bones				0756	Sternum, simple, nondepressed, closed reduction . .	10.0	4.0
0686	Nasal, simple, closed reduction	5.0		0757	compound	20.0	4.0
0687	compound, closed reduction. .	10.0	T	*0761	Ribs, simple, strapping. . . .	2.0	
0688	simple or compound, open reduction	20.0	7.0	Pelvis (Ilium, Ischium, Pubis)			
0691	Malar, simple, closed reduction	5.0		0767	Fracture, simple closed reduction	10.0	4.0
0693	Malar, simple or compound, depressed, open reduction . . .	30.0	7.0	0770	one or more bones, compound	40.0	8.0
0694	multiple surgical approaches	50.0	11.0	0771	one or more bones, simple or compound, open reduction	60.0	13.0
0696	Maxilla, simple, closed reduction	5.0		0772	Acetabulum, with or without other fractures of pelvis, simple, closed reduction, no displacement	20.0	
0699	Maxilla, simple or compound, closed reduction, with wiring of teeth	30.0	9.5	0773	central, with displacement	40.0	7.0
0701	simple or compound, open reduction, with wiring of teeth or local fixation. . . .	50.0	11.0	0774	compound	30.0	7.0
0702	multiple, simple or compound, complicated, open reduction, and fixation by traction, head caps, multiple internal fixation, etc.	100.0	19.0	0775	simple or compound, open reduction	60.0	13.0
0703	Mandible, simple, closed reduction	5.0		Upper Extremity			
0704	Mandible, simple or compound, closed reduction and wiring of teeth	30.0	9.0	0778	Humerus, surgical neck, simple, not requiring manipulation	15.0	
0705	simple or compound, open reduction	50.0	11.0	0780	surgical neck, simple, requiring manipulation with general anesthesia	25.0	6.0
0706	skeletal pinning with external fixation	40.0	10.0	0781	compound	30.0	7.0
Spine and Trunk				0782	simple or compound, open reduction	40.0	11.0
0720	Vertebral body, closed reduction, one	20.0	T	0784	shaft, simple, closed reduction	15.0	
0721	more than one	30.0	T	0785	simple, closed reduction with general anesthesia .	25.0	6.0
0732	Sacrum, compound	20.0	T	0787	simple or compound, open reduction	40.0	10.0
0740	Clavicle, simple, closed reduction	10.0	4.0	0788	skeletal pinning with external fixation	30.0	6.0
0741	compound	20.0	4.0	0791	Elbow (distal end of humerus, proximal end of radius, proximal end of ulna), condyle only, simple, closed reduction	15.0	4.0

Upper Extremity (continued)	Surg.	Anes.
0792 one or more bones, simple, closed reduction	15.0	4.0
0793 one or more bones, compound	40.0	7.0
0794 one or more bones, simple or compound, open reduction	40.0	10.0
0795 skeletal pinning with external fixation	30.0	6.0
0796 supracondylar	20.0	4.0
0797 olecranon, open reduction	30.0	8.0
0798 Radius, head; simple, closed reduction	10.0	4.0
0800 head, compound	20.0	4.0
0801 simple or compound, open reduction	30.0	8.0
0802 shaft, simple, closed reduction, without displacement	10.0	4.0
0803 simple, closed reduction, with displacement	15.0	4.0
0804 compound	20.0	4.0
0805 simple or compound, open reduction	30.0	8.0
0807 distal end, Colles' (including ulnar styloid), simple, closed reduction	15.0	4.0
0810 simple or compound, open reduction	30.0	8.0
0811 skeletal pinning with external fixation	20.0	6.0
0813 Ulna, shaft, simple, closed reduction	10.0	4.0
0814 shaft, simple, closed reduction with displacement and with general anesthesia	15.0	5.0
0815 compound	20.0	5.0
0816 simple or compound, open reduction	30.0	8.0
0817 skeletal pinning with external fixation	25.0	6.0
0820 Radius and ulna, simple, closed reduction	15.0	
0821 simple, closed reduction with general anesthesia	22.5	6.0
0823 simple or compound, open reduction	45.0	10.0
0824 skeletal pinning with external fixation	30.0	7.0
0827 Carpal bones, one, simple, closed reduction	8.0	4.0
0830 one, simple or compound, open reduction	25.0	7.0

Upper Extremity (continued)	Surg.	Anes.
0842 Metacarpal, one, simple, closed reduction	7.0	4.0
0844 one, simple or compound, open reduction	20.0	7.0
0848 skeletal pinning with external fixation	20.0	7.0
0852 Phalanx or phalanges, one finger, or thumb, simple, closed reduction	5.0	4.0
0853 one finger, or thumb, compound	5.0	4.0
0854 simple or compound, open reduction	15.0	5.0
Lower Extremity		
0865 Femur, neck, simple, closed reduction, with fixation	30.0	8.0
0867 neck, simple or compound, open reduction	60.0	12.0
0868 multiple pinning, with or without external fixation	60.0	12.0
0872 intertrochanteric, simple, closed reduction with fixation	30.0	6.0
0874 simple, open reduction	60.0	12.0
0877 slipped epiphysis, closed reduction with fixation	30.0	6.0
0878 open reduction, acute	60.0	12.0
0879 reconstructive, late	100.0	18.0
0881 shaft, including supracondylar, simple, closed reduction	30.0	6.0
0882 Femur, compound with general anesthesia	40.0	9.0
0883 simple or compound, open reduction	60.0	12.0
0884 skeletal pinning with external fixation	40.0	7.0
0885 Knee (distal end of femur, proximal end of tibia, proximal end of fibula), femur or tibia, condyle - closed reduction	20.0	
0886 compound with general anesthesia	30.0	7.0
0887 simple or compound, open reduction	40.0	11.0
0889 two condyles	35.0	7.0
0895 Patella, simple	10.0	
0896 compound with general anesthesia	20.0	5.0
0897 simple, open reduction	30.0	8.0
0901 Tibia, shaft, simple, closed reduction	15.0	

Upper Extremity (continued)	Surg.	Anes.	Lower Extremity (continued)	Surg.	Anes.
0902 with general anesthesia . . .	22.5	6.0	0963 simple or compound, open		
0904 simple or compound, open			reduction	45.0	8.0
reduction	40.0	9.0	0964 skeletal pinning with external		
0907 malleolus, simple, closed			fixation	30.0	6.0
reduction	15.0		0967 Metatarsal, simple, closed		
0910 simple or compound, open			reduction, one	7.0	
reduction	30.0	8.0	0968 one, compound, with general		
0914 Fibula, shaft, simple, closed			anesthesia	14.0	6.0
reduction	10.0		0970 one, simple or compound,		
0916 simple or compound, open			open reduction	20.0	7.0
reduction	20.0	6.0	0980 Phalanx or phalanges, one toe,		
0920 malleolus, simple, closed			simple, closed reduction . . .	3.0	T
reduction	10.0		0982 one toe, simple or com-		
0922 simple or compound, open			pound, open reduction . . .	12.0	5.0
reduction	30.0	8.0			
0926 Tibia and fibula, shafts, simple,					
closed reduction	20.0				
0927 compound with general					
anesthesia	30.0	7.0			
0928 simple or compound, open					
reduction	50.0	10.0			
0930 skeletal pinning with external					
fixation	40.0	7.0			
0933 Ankle, bimalleolar (including					
Pott's) simple, closed reduction	20.0				
0934 compound, with general					
anesthesia	30.0	6.0			
0935 simple or compound, open					
reduction	40.0	9.0			
0938 trimalleolar, simple, closed					
reduction	25.0				
0940 compound, with general					
anesthesia	37.5	7.0			
0941 simple or compound, open					
reduction	50.0	11.0			
0944 Tarsal (except astragalus and					
os calcis), one, simple, closed					
reduction	8.0				
0945 one, compound, with general					
anesthesia	16.0	6.0			
0946 one, simple or compound,					
open reduction	24.0	8.0			
0955 Astragalus, simple, closed reduction	15.0				
0956 compound, with general					
anesthesia	22.5	6.0			
0957 simple or compound, open					
reduction	45.0	8.0			
0961 Os calcis, simple, closed reduction	15.0				
0962 compound, with general					
anesthesia	22.5	6.0			

JOINTS

Incision

ARTHROTOMY or capsulotomy with exploration, drainage or removal of loose body, e.g., osteochondritis or foreign body.

1001	Shoulder	30.0	8.0
1002	Elbow	30.0	8.0
1003	Wrist	30.0	7.0
1006	Other joints of upper extremity	20.0	5.0
1007	Hip	50.0	10.0
1008	Knee	40.0	8.0
1010	Ankle	30.0	8.0
1013	Other joints of lower extremity	20.0	5.0
1017	Finger, one	10.0	5.0
1026	Toe, one	10.0	5.0
*1046	Arthrocentesis: puncture for aspiration of joint, or injection of medication, initial . .	2.0	
	subsequent	1.5	
1047	Sesamoid bone, excision, one or more, unilateral . .	15.0	6.0
1050			

Excision

ARTHRECTOMY - Excision of joint (see Arthrodesis).

1061	Punch biopsy of synovial membrane	3.0	
1065	Temporomandibular joint, unilateral	60.0	13.0
1074	Excision of intervertebral disk	70.0	13.0
	with spinal fusion	100.0	18.0
1075	Excision of neural arch and nerve exploration for spondylolisthesis	80.0	15.0
1077			

		Surg.	Anes.	Suture		Surg.	Anes.
1082	Meniscectomy: excision of semilunar cartilage of knee joint	40.0	8.0	1201	Capsulorrhaphy: suture or repair of joint capsule (independent procedure) for recurrent dislocation, shoulder	70.0	12.0
1085	temporomandibular joint	50.0	9.0	1202	patella	50.0	9.0
1093	Synovectomy, elbow	60.0	10.0	1211	Suture of torn, ruptured or severed collateral ligaments, knee	40.0	8.0
1101	hip, complete	80.0	14.0	1212	Suture of torn, ruptured or severed cruciate ligaments, knee	40.0	8.0
1102	knee	50.0	10.0	1213	Suture of torn, ruptured or severed collateral and cruciate ligaments, knee	60.0	11.0
1103	ankle	40.0	9.0	1215	Reconstruction, both collateral or cruciate ligaments, knee	70.0	15.0
Introduction				1216	Reconstruction, both collateral ligaments, ankle	50.0	10.0
1131	Arthrography: injection of air or radiopaque material into joint for roentgen examination (X-ray charges not included)	3.0		1217	Reconstruction, both metacarpophalangeal or interphalangeal ligaments	30.0	8.0
Repair				Manipulation			
ARTHROPLASTY - Plastic or reconstructive operation on joint, any type.				Manipulation of joint under general anesthesia, including application of cast or traction (independent procedure). (Dislocations excluded.)			
1141	Shoulder	70.0	15.0	*1221	Shoulder	5.0	T
1142	Elbow	60.0	12.0	*1222	Elbow	4.0	T
1143	Wrist	50.0	10.0	*1223	Wrist	4.0	4.0
1144	Finger, one joint	20.0	6.0	*1224	Digits, one or more, under anesthesia, where no other surgical procedure is performed	2.5	T
1150	Hip	100.0	18.0	*1226	Hip	6.0	T
1151	Knee	80.0	15.0	*1227	Knee	5.0	T
1152	Ankle	60.0	12.0	*1228	Ankle	4.0	T
1153	Toe, one joint	15.0	6.0	*1232	Spine	6.0	T
1162	Metatarsophalangeal joint; bunion operation	25.0	7.0	*1233	Manipulation of shoulder for fibrous ankylosis, under general anesthesia	5.0	T
ARTHRODESIS - Fusion of joint, with or without tendon transplant.				1241	Turnbuckle jacket, body only, for scoliosis	10.0	
1166	Shoulder	70.0	15.0	1242	Turnbuckle spica jacket for scoliosis	12.5	4.0
1167	Elbow	60.0	13.0	*1244	Club foot and application of cast, unilateral	2.0	T
1168	Wrist	50.0	10.0	*1245	application of subsequent casts, unilateral	2.0	T
1170	Finger, thumb, one joint	15.0	5.0				
1175	Hip	100.0	17.0				
1176	Knee	70.0	14.0				
1177	Ankle	60.0	12.0				
1178	Hammer toe, operation, one toe	20.0	5.0				
1181	Hallux rigidus, repair of	25.0	8.0				
1183	Tarsal, joints, one or more	30.0	8.0				
1184	Other joints, lower extremity	30.0	7.0				
1185	Foot, triple arthrodesis, unilateral	50.0	9.0				
1187	Foot, with tendon transplantation	60.0	12.0				
1190	Stabilization of joints by bone block	40.0	8.0				

			Surg. Anes.					Surg. Anes.	
*1246	application of cast,				1301	simple or compound,			
	bilateral, initial	3.0	T			open reduction	40.0	9.0	
*1247	application of subsequent				1304	Metacarpal, one bone,			
	casts, bilateral	3.0	T			simple, closed reduction . . .	5.0	4.0	
*1248	wedging cast	1.0			1305	one bone, compound	10.0	4.0	
Dislocations					1306	simple or compound,			
*1251	Temporomandibular, simple,					open reduction	20.0	5.0	
	closed reduction	5.0			*1315	Finger, one, one or more			
1256	Vertebra, cervical, simple,					joints, simple, closed re-			
	closed reduction with general					duction	3.0	T	
	anesthesia	40.0	5.0		1316	compound	6.0	4.0	
1258	cervical, simple or com-				1317	simple or compound, open			
	pound, with operation	80.0	15.0			reduction	12.0	5.0	
1262	dorsal, simple, closed re-				*1326	Thumb, simple, closed re-			
	duction with general anes-					duction	3.0	T	
	thesia	40.0	5.0		1327	compound	10.0	4.0	
1264	dorsal, simple or com-				1328	simple or compound, open			
	pound, with operation	80.0	15.0			reduction	15.0	5.0	
1267	lumbar, simple, closed				1332	Hip (femur), simple, closed			
	reduction with general					reduction	15.0	4.0	
	anesthesia	40.0	5.0		1334	simple or compound, open			
1270	lumbar, simple or com-					reduction	50.0	10.0	
	pound, with operation	80.0	15.0		1338	congenital, closed reduc-			
1273	Clavicle, sternoclavicular,					tion	15.0	5.0	
	simple, closed reduction	10.0	4.0		1344	Knee (tibia), simple, closed			
1274	compound, with general					reduction	10.0	4.0	
	anesthesia	20.0	4.0		1345	compound, with general			
1275	simple or compound, open					anesthesia	20.0	4.0	
	reduction	30.0	7.0		1346	simple or compound, open			
1278	acromioclavicular, simple,					reduction	50.0	9.0	
	closed reduction	7.0	4.0		1350	Patella, simple, closed re-			
1281	simple or compound,					duction	5.0	4.0	
	open reduction	30.0	7.0		1351	compound, with anesthesia	10.0	5.0	
*1284	Shoulder (humerus), simple,				1352	simple or compound, open			
	closed reduction	5.0	4.0			reduction	30.0	8.0	
1286	simple or compound, open				1355	Ankle, simple, closed re-			
	reduction	40.0	9.0			duction	10.0	4.0	
1290	Elbow, simple, closed reduc-				1356	compound, with general			
	tion	8.0	4.0			anesthesia	20.0	5.0	
1291	compound, with general				1357	simple or compound, open			
	anesthesia	16.0	5.0			reduction	40.0	9.0	
1292	simple or compound, open				1361	Tarsal, simple, closed re-			
	reduction	40.0	9.0			duction	10.0	4.0	
1295	Wrist, carpal, one bone,				1362	compound, with general			
	simple, closed reduction	7.0	4.0			anesthesia	20.0	5.0	
1296	compound, with general				1363	simple or compound, open			
	anesthesia	14.0	5.0			reduction	35.0	6.0	
1297	simple or compound, open				1371	Astragalotarsal, simple,			
	reduction	30.0	7.0			closed reduction	10.0	4.0	
1298	more than one bone, simple,				1372	compound, with general			
	closed reduction	10.0	4.0			anesthesia	20.0	5.0	
1300	compound, with general				1373	simple or compound, open			
	anesthesia	20.0	5.0			reduction	35.0	6.0	

		Surg.	Anes.
1376	Metatarsal, one bone, simple, closed reduction.....	5.0	4.0
1377	compound.....	10.0	5.0
1378	simple or compound, open reduction.....	20.0	6.0
1385	Toe, one, simple, closed reduction.....	3.0	T
1386	compound.....	6.0	4.0
1387	simple or compound, open reduction.....	12.0	5.0
1391	more than one, one or more joints, simple, closed reduction.....	5.0	4.0
1392	compound.....	10.0	4.0

BURSAE

Incision			
*1401	Drainage of infected bursa...	3.0	
1406	Removal of subdeltoid calcareous deposits.....	15.0	T
1410	Removal of subtrochanteric calcareous deposits.....	20.0	T
*1413	Puncture for aspiration of bursae, initial.....	2.0	
*1418	subsequent.....	1.5	
*1424	Needling of bursa.....	2.0	
*1425	subsequent.....	1.5	
*1427	with irrigation of bursa....	2.0	
*1428	subsequent with irrigation of bursa.....	1.5	

Excision

1430	Radical excision of bursae, forearm, viz., tenosynovitis fungosa, Tbc., and other granulomas.....	50.0	10.0
1431	Excision of bursa, olecranon ..	15.0	5.0
1433	prepatellar.....	15.0	5.0
1435	subacromial.....	20.0	6.0
1436	ischial.....	20.0	6.0

MUSCLES

Incision			
1450	Removal of foreign body in muscle, general anesthesia ..	10.0	T
1454	Division of scalenus anticus, without resection of cervical rib.....	25.0	6.0
1456	with resection of cervical rib.....	75.0	15.0
1458	Division of sternomastoid for torticollis, open operation...	25.0	7.0
1460	Muscle biopsy, superficial....	4.0	

Suture		Surg.	Anes.
1495	Suture of ruptured diaphragm.....	60.0	13.0

TENDONS, TENDON SHEATHS AND FASCIA

Incision

*1511	Drainage of tendon sheath, infection for acute tenosynovitis, one digit.....	2.0	
1514	Drainage of tendon sheath, infection for tenosynovitis, single palm and/or wrist, ulnar or radial bursa infection, in hospital.....	30.0	5.0
*1517	Injection of medication, tendon sheath, hand.....	1.0	
1519	Incision of fibrous sheath of tendon for stenosing tenosynovitis, to include freeing of tendons or removal of foreign body, in hospital...	20.0	6.0
1531	Division of iliotibial band, open operation.....	30.0	7.0
1534	Stripping of ilium (Soutter operation).....	40.0	8.0
*1535	Tenotomy, corrective, single digit, subcutaneous.....	5.0	4.0
1536	corrective, multiple.....	10.0	T
1539	hip adductors, subcutaneous.....	10.0	4.0
1541	open.....	30.0	6.0

Excision

1550	Excision of small ganglion cysts.....	4.0	4.0
1552	Excision of lesion of tendon or fibrous sheath, including ganglion, digits only.....	10.0	4.0
1553	in other locations.....	20.0	T
1555	Radical excision of bursae, forearm, viz., tenosynovitis fungosa, Tbc., and other granulomas (see 1430).		
1562	Excision of Baker's cyst (synovial cyst of popliteal space).....	30.0	8.0
1570	Fasciotomy, single, palm or sole, subcutaneous, blind ..	10.0	
1573	for Dupuytren's contracture, partial.....	30.0	7.0
1574	including finger extensions and vertical bands, radical.....	50.0	T

Repair		Surg. Anes.		Amputation		Surg. Anes.	
1580	Repair or suture extensor tendon, single, hand or foot, distal to wrist or ankle	10.0	T	Upper Extremity			
1582	single, forearm or leg	15.0	T	1701	Interthoracoscapular	100.0	19.0
1583	Repair or suture flexor tendon, single, unless otherwise listed.	20.0	T	1703	Disarticulation of shoulder . .	70.0	14.0
1585	Transfer, or transplant, or free graft of tendon, single, distal to elbow, distal to knee. .	30.0	T	1705	Arm through humerus	30.0	7.0
1586	single, elbow to shoulder, knee to hip	50.0	T	1708	Forearm, through radius and ulna	30.0	7.0
1587	Tenolysis, single	20.0	T	1710	Guillotine upper arm	30.0	7.0
1589	Lengthening or shortening tendon	20.0	T	1711	with subsequent revision or reamputation (same surgeon)	40.0	7.0
1592	Retrieve or reroute tendon through separate incision, add 25% of appropriate fee. .			1712	Cineplasty, complete procedure	60.0	13.0
1612	Free fascial graft for reconstruction tendon pulley or repair bowstring tendon, single (independent procedure).	10.0	T	1718	Disarticulation of wrist	30.0	7.0
1613	for reconstruction tendon pulley or repair bowstring tendon to form gliding surface for tendons.	10.0	T	1722	Hand through metacarpal bones	30.0	T
1616	Abdominal fascial transplants, bilateral	60.0	T	1725	Metacarpal, with finger or thumb, one, with split or Wolff graft, or skin-plasty and/or tenodesis with definitive resection palmar digital nerves	20.0	T
1632	Patellar advancement	50.0	10.0	1737	Finger, any joint, or phalanx, one, with split or Wolff graft, or skin-plasty and/or tenodesis, with definitive resection volar digital nerves	12.5	T
1633	Ruptured quadriceps insertion. .	30.0	8.0	Lower Extremity			
1640	Ruptured biceps tendon from insertion elbow.	30.0	8.0	1748	Disarticulation of hip	80.0	18.0
1641	Flexor-plasty, elbow.	50.0	11.0	1750	Disarticulation of knee	40.0	6.0
1654	Repair ruptured supraspinatus tendon or musculotendinous cuff shoulder	40.0	9.0	1752	Thigh through femur, including supracondylar	50.0	10.0
1655	Suture of complete shoulder cuff avulsion	70.0	17.0	1760	Guillotine, thigh.	40.0	8.0
				1763	with subsequent revision or reamputation (same surgeon).	50.0	8.0
				1767	Leg, through tibia and fibula	40.0	8.0
				1771	Guillotine, leg	30.0	8.0
				1774	with subsequent revision or reamputation (same surgeon).	40.0	8.0
				1778	Ankle (Syme, Pirogoff), with skin-plasty and resection nerves	40.0	T
				1782	Foot, transmetatarsal, each foot	30.0	T
				1785	midtarsal.	30.0	T
				1788	Metatarsal with toe, split or Wolff graft, or skin-plasty and/or tenodesis, with definitive resection digital nerves	20.0	T
EXTREMITIES							
Incision							
1682	Drainage of felon in hospital with general anesthesia	10.0	4.0				
1686	Drainage of single infected space of hand (lumbrical, hypothenar, thenar, middle palmar, etc.) with or without tendon sheath involvement, in hospital	15.0	4.0				
1692	Drainage of multiple infected spaces of hand (with or without tendon sheath involvement) in hospital.	30.0	5.0				

		Surg.	Anes.
1802	Toe, any joint or phalanx, one.	10.0	T
1803	Toe, more than one, split or Wolff graft, or skin-plasty and/or tenodesis, with definitive resection digital nerves	15.0	T
Repair			
1811	Freeing of web fingers, with flaps,	25.0	7.0
1815	with graft	35.0	10.0

PLASTER CASTS (INDEPENDENT PROCEDURE ONLY)

*1851	Molded plaster to forearm . . .	2.0	T
*1854	elbow to fingers	2.0	T
*1856	hand and wrist	2.0	T
*1860	shoulder to hand	3.0	T
*1862	shoulder spica	5.0	T
*1865	ankle (foot to midleg)	2.0	T
*1867	knee (foot to thigh)	4.0	T
*1871	Ambulatory leg cast	3.0	T
*1875	Molded plaster to leg	2.0	T
*1878	Spica, unilateral (hip to foot) .	6.0	T
*1882	bilateral	7.0	T
*1885	Body, shoulder to hips	7.0	T
*1886	including head	8.0	T
*1891	Unna boot	2.0	T

RESPIRATORY SYSTEM

NOSE

Incision			
*1901	Drainage of nasal abscess . . .	1.5	
*1905	Drainage of septal abscess . . .	2.5	
Excision			
*1911	Biopsy, soft tissue, nose	2.0	
*1915	Excision of nasal polyp	2.0	
1916	Excision nasal polyps, multiple, unilateral or bilateral, one or more stages, office	5.0	
1917	hospital, with anesthesia . . .	15.0	5.0
1922	Excision of nasopharyngeal fibroma	35.0	T
1924	Excision of skin of nose for rhinophyma	30.0	7.0
1928	Submucous resection (nasal septum, including septoplasty) .	30.0	
1935	Resection of turbinate (submucous), complete or partial, unilateral or bilateral (independent procedure)	10.0	7.0

		Surg.	Anes.
*1941	Rhinoscopy with removal of foreign body in nose	2.0	

Repair			
1950	Rhinoplasty, complete external parts (including bony pyramid, lateral cartilages, and tip as necessary)	70.0	13.0
1953	nasal bridge collapse, bone or cartilage graft (see 0619, 0621 or 0622)	40.0	7.0
1956	tip only	10.0	
1957	secondary minor revision . . .		
1958	total or major partial reconstruction (see 0260 to 0325, 0169 to 0622)		

Destruction			
*1965	Cauterization of turbinates, unilateral or bilateral (independent procedure)	2.0	

Manipulation			
1970	Reduction of fractured nasal bones (see 0686 to 0688)		
*1971	Control of primary nasal hemorrhage with cauterization of septum	2.0	
1978	by ligation of ethmoid artery	25.0	7.0

ACCESSORY SINUSES

Incision			
*1981	Antrum puncture, unilateral . .	2.0	
1985	Maxillary sinusotomy, simple, antrum window operation, unilateral	15.0	7.0
1986	bilateral	20.0	7.0
1988	Radical (Caldwell-Luc), unilateral	40.0	9.0
1991	Sphenoid sinusotomy	25.0	7.0
1992	Frontal sinusotomy, external, simple, (trephine operation) .	20.0	7.0
1993	radical	50.0	11.0
1994	Combined external frontal, ethmoid and sphenoid sinusotomy, unilateral	70.0	15.0
Excision			
2006	Ethmoidectomy, intranasal, unilateral	20.0	7.0
2013	external, unilateral	25.0	7.0
2016	bilateral	35.0	9.0

Suture		Surg.	Anes.
2031	Closure of dental fistula of maxillary sinus with flap or radical antrotomy	40.0	12.0
2032	Closure of oronasal fistula (local mucoperiosteal pedicle flaps)	30.0	11.0

LARYNX

Incision			
2041	Laryngofissure with removal of tumor	50.0	14.0

Excision			
2051	Laryngectomy, without neck dissection	80.0	17.0
2055	Hemilaryngectomy	80.0	17.0
2057	Epiglottidectomy, external approach	70.0	14.0
2058	endoral approach	25.0	7.0

Introduction			
2061	Injection of radiopaque substance into larynx for bronchography, indirect method	3.0	
2063	direct with bronchoscope	5.0	

Endoscopy			
2071	Laryngoscopy, direct, diagnostic (independent procedure)	10.0	7.0
2074	with biopsy	15.0	7.0
2077	operative, including removal of foreign body	15.0	7.0
2081	including removal of papilloma or other tumor	20.0	7.0
*2085	subsequent, indirect	1.0	
2087	Lynch suspension, in hospital	10.0	7.0

TRACHEA AND BRONCHI

Incision			
2101	Tracheotomy (independent procedure)	20.0	7.0

Endoscopy			
2111	Bronchoscopy, diagnostic	15.0	7.0
2113	with biopsy	15.0	7.0
2117	with removal of foreign body	25.0	7.0
2120	with excision of tumor	25.0	7.0
2121	with aspiration of bronchus	15.0	7.0
2122	with drainage of lung abscess or cavity, initial	15.0	7.0
2123	with lipiodol injection	15.0	7.0
2124	subsequent	10.0	7.0

		Surg.	Anes.
2126	Bronchospirometry and catheterization of bronchi (independent procedure)	25.0	7.0
2127	Tracheal aspiration (independent procedure) under direct vision	10.0	6.0
*2128	indirect	1.0	

Repair			
2132	Tracheoplasty: intrathoracic	75.0	21.0
2133	Bronchoplasty (graft repair)	90.0	22.0
2134	(excise stenosis and anastomosis)	90.0	22.0
2135	with lobectomy and anastomosis	100.0	26.0

Suture			
2141	Tracheorrhaphy: suture of external tracheal wound or injury, depending on structure and extent of injury (cervical)	30.0	8.0
2142	(intrathoracic)	75.0	13.0
2144	Closure of tracheostomy or tracheal fistula	20.0	7.0
2147	Closure of tracheo-esophageal fistula	75.0	25.0

LUNGS AND PLEURA

Incision			
2151	Thoracotomy, exploratory, including control of hemorrhage and/or biopsy and cardiac massage	50.0	15.0
2154	with open drainage of empyema cavity by rib resection (independent procedure)	35.0	10.0
2157	with closed drainage of empyema cavity; tube drainage with negative pressure (independent procedure)	10.0	5.0
2160	with removal of intrapleural foreign body or fibrin body	70.0	16.0
2163	with open intrapleural pneumonolysis	70.0	16.0
2166	Pneumonotomy, exploratory	50.0	15.0
2170	with open drainage of pulmonary abscess or cyst	60.0	16.0
2173	with removal of foreign body from lung	60.0	16.0

		Surg.	Anes.
2176	Cruciate incision of thickened scar deposited on visceral pleura	60.0	15.0
2177	Total pulmonary decortication	100.0	24.0
2180	Pneumonocentesis: puncture of lung for aspiration biopsy	15.0	
*2183	Thoracocentesis: puncture of pleural cavity for aspiration, initial	3.0	
*2186	subsequent	2.0	

Excision

2191	Total pneumonectomy	100.0	24.0
2193	Total or subtotal lobectomy	100.0	24.0
2194	Wedge resection	75.0	21.0
2196	Pleurectomy, any type (independent procedure)	80.0	21.0

Endoscopy

2201	Thoracoscopy, exploratory (independent procedure)	20.0	
2204	with biopsy	20.0	
2207	Closed intrapleural pneumonolysis	30.0	

Surgical Collapse Therapy

THORACOPLASTY - Extrapleural resection of ribs, any type.

2211	first stage	50.0	12.0
2212	second stage	30.0	10.0
2213	third stage	30.0	10.0
2217	Extrapleural pneumonolysis, including associated filling or packing procedures	50.0	12.0
*2221	Pneumothorax: intrapleural injection of air, initial	5.0	
*2222	subsequent	2.0	

CARDIOVASCULAR SYSTEM

HEART AND PERICARDIUM

Incision			
2301	Cardiotomy with exploration or removal of foreign body	100.0	26.0
2305	Pericardiotomy with exploration, drainage or removal of foreign body	80.0	21.0
*2310	Pericardiocentesis: puncture of pericardial space for aspiration	5.0	
*2311	subsequent	3.0	
2315	Valvulotomy or commissurotomy	100.0	25.0

		Surg.	Anes.
2316	Operation for regurgitation	100.0	25.0
2317	Operation for coronary disease (poudrage)	50.0	21.0

Excision

2321	Pericardiectomy	100.0	24.0
2325	Valvulectomy	100.0	25.0
2326	Excision of auricular appendage	60.0	24.0

Introduction

2331	Catheterization of the heart (independent procedure) by report		
	right only	20.0	6.0
	left only	15.0	6.0
	both	30.0	6.0
2332	Injection for angiocardiograms	5.0	
2333	Retrograde aortography - cut down and pass catheter	20.0	

Destruction

2341	Cardiolysis	60.0	20.0
2345	Pericardiolysis	60.0	20.0

Suture

2351	Cardiorrhaphy: suture of heart wound or injury	80.0	23.0
2352	suture I-A septal defect	100.0	24.0
2355	Pericardiorrhaphy: suture of pericardial wound or injury	70.0	20.0

ARTERIES AND VEINS

Incision

ARTERIOTOMY - With removal of embolus:

2373	Trunk	60.0	11.0
2376	Neck	50.0	11.0
2380	Extremity	50.0	10.0

PHLEBOTOMY - With removal of thrombus:

2397	Trunk	50.0	11.0
2401	Neck	50.0	11.0
2404	Extremity	35.0	9.0

Excision

2426	Excision of coarctation of aorta	100.0	24.0
2427	Repair of thoracic or abdominal aorta	100.0	22.0
2428	Popliteal aneurysm	60.0	11.0

Introduction		Surg. Anes.	
2431	Filipuncture: wiring of aneurysm, extremity	20.0	7.0
2432	wiring of aneurysm, aorta . .	30.0	11.0
2434	Arteriography (exclusive of X-ray allowance)	10.0	7.0
2435	(exclusive of X-ray allowance) lumbar	10.0	7.0
2440	Venography (exclusive of X-ray allowance)	5.0	7.0
2445	Blood transfusion, indirect method	2.0	
2446	replacement type, Rh factor .	25.0	
2448	direct method	5.0	
2449	Incision into and exposure of vein for introduction of medication and fluid (separate cut-down procedure)	3.0	T
2450	Push transfusion, given under two years of age	10.0	T
*2454	Injection of sclerosing solution into vein of leg, initial, unilateral	1.0	
2461	subsequent, unilateral	1.0	
Repair			
2472	Repair of aortic arch anomalies	80.0	T
ARTERIAL ANASTOMOSIS:			
2475	Aortic anastomosis	100.0	25.0
2478	Pulmonary aortic anastomosis (Pott's)	100.0	25.0
2482	Pulmonary subclavian anastomosis (Blalock)	100.0	25.0
2485	Pulmonary innominate anastomosis (Blalock)	100.0	25.0
VENOUS ANASTOMOSIS:			
2490	Portocaval anastomosis	100.0	23.0
2496	Splenorenal anastomosis	100.0	21.0
Suture			
2511	Arteriorrhaphy: suture of wound or injury of artery	30.0	T
2515	Phleborrhaphy: suture of wound or injury of vein	20.0	7.0
2520	Ligation and division of ductus arteriosus	80.0	17.0
2522	Ligation of carotid artery . . .	40.0	7.0
2525	Ligation and division of inferior vena cava	60.0	11.0
2526	Ligation of femoral vein	25.0	6.0
2530	Ligation and division of common iliac vein	40.0	7.0

		Surg. Anes.	
2558	Ligation and division of long saphenous vein at saphenofemoral junction with or without retrograde injection, or distal interruptions	17.5	7.0
2561	Ligation and division and complete stripping of long or short saphenous veins . . .	25.0	9.0
2563	of long and short saphenous veins	35.0	10.0
2576	Ligation and division of short saphenous vein at saphenopopliteal junction	10.0	5.0
2581	of minor varicose vein of leg, initial	5.0	
2585	subsequent	3.0	

HEMIC AND LYMPHATIC SYSTEMS

SPLEEN

Excision			
2601	Splenectomy	60.0	11.0

LYMPH NODES AND LYMPHATIC CHANNELS

Incision			
*2631	Drainage of lymph node abscess or lymphadenitis . . .	2.0	T
Excision			
2641	Biopsy of lymph node	5.0	4.0
2642	of lymph node (anterior scalene)	15.0	4.0
2644	Excision of lymph node	5.0	4.0

RADICAL LYMPHADENECTOMY -

Radical resection of lymph nodes.			
2652	Upper neck	40.0	13.0
2658	Axilla	40.0	10.0
2665	Cervical (complete), unilateral	60.0	15.0
2672	Groin	40.0	12.0

MEDIASTINUM

Incision			
2680	Mediastinotomy with exploration or drainage	70.0	15.0
2683	Foreign body removal, cervical	70.0	16.0
Excision			
2691	Excision of mediastinal cyst .	80.0	18.0
2693	Excision of mediastinal tumor	80.0	19.0

2696	Repair thoracic duct			Surg. Anes.
	(suture)	70.0	17.0	
2697	Plastic anastomosis, thoracic duct	80.0	19.0	

DIGESTIVE SYSTEM

MOUTH

Incision			
*2701	Drainage of sublingual abscess	2.0	
*2705	Drainage of Ludwig's angina . .	7.0	

LIPS

Excision			
2742	V-excision of small lesion of lip (see 0178 to 0190)		
2743	V-excision of large lesion of lip up to one-half lip	15.0	6.0
2744	Resection of more than one-half lip with plastic closure (see 0260 to 0325).		
2746	without plastic closure	15.0	7.0
2747	Secondary plastic closure (see 0260 to 0325).		

Repair			
2751	Cheiloplasty: plastic or reconstruction operation on lip (see 0260 to 0325).		
2754	Plastic repair of harelip, primary, unilateral.	60.0	12.0
2758	primary, bilateral, one stage.	80.0	15.0
2759	bilateral, two stages, per stage	60.0	12.0
2761	secondary, local revision, unilateral or bilateral (see 0260 to 0325).		
2762	Plastic repair of unilateral harelip by recreation of defect and reclosure	60.0	12.0
2765	Plastic repair of bilateral harelip by recreation of defect and reclosure - per major stage.	60.0	12.0

TONGUE

Incision (Glossotomy)			
*2771	Drainage of lingual abscess	2.0	
Excision (Glossectomy)			
2781	Biopsy of tongue	2.0	

2785	Partial glossectomy or hemiglossectomy (electrocoagulation).	30.0	12.0	Surg. Anes.
2787	Complete or total glossectomy	60.0	15.0	

Repair			
2791	Glossoplasty: plastic operation on tongue (see 0260 to 0325).		

Suture			
2801	Glossorrhaphy: suture of tongue wound or injury (see 0260 to 0262).		

TEETH AND GUMS

Incision			
*2815	Drainage of alveolar abscess, acute with cellulitis - oral . .	2.0	

PALATE AND UVULA

Incision			
*2871	Incision and drainage of palate (abscess)	2.0	

Excision			
2881	Biopsy of palate	2.0	
2883	Excision of local lesion of palate (see 0178 to 0190, 0260 to 0267).		
2884	with graft or flap closure (see 0275 to 0325).		
2885	Resection of palate or wide excision of lesion of palate. .	35.0	9.0
2886	Resection of palate with reconstruction (see 0275 to 0325).		
2887	Uvulectomy: excision of uvula	3.0	

Repair			
2890	Palatoplasty: plastic operation for partial cleft palate. .	50.0	10.0
2892	plastic operation for complete cleft palate, including alveolar ridge	70.0	15.0
2894	secondary minor revision (see 0260 to 0276).		
2895	major revision	50.0	12.0
2897	secondary lengthening procedure	70.0	15.0
2898	attachment pharyngeal flap. .	50.0	10.0

Suture			Surg. Anes.					Surg. Anes.
2901	Suture palate wound or injury (see 0265 to 0267).				3000	Excision of tonsil tag, uni- lateral, hospital	10.0	5.0
					3002	unilateral, office, local anesthesia	6.0	
	SALIVARY GLANDS AND DUCTS				3004	Excision of lingual tonsil (independent procedure) . . .	10.0	5.0
Incision					Repair			
2911	Drainage of parotid abscess . .	5.0	4.0		3011	Pharyngoplasty; plastic or reconstructive operation on pharynx (see 0260 to 0319).		
*2915	Sialolithotomy; removal of salivary calculus, local anesthesia	5.0						
2916	Sialolithotomy, extraoral. . . .	25.0						
Excision					Suture			
2921	Biopsy of salivary gland.	5.0	4.0		3021	Suture of external wound or injury of pharynx	10.0	
2927	Excision of parotid tumor . . .	40.0	T			ESOPHAGUS		
2930	of submaxillary tumor	30.0	7.0		Incision			
2931	of submaxillary gland.	30.0	7.0		3031	Esophagotomy	60.0	10.0
2934	of parotid gland with pres- ervation of facial nerve . . .	60.0	T		3032	for removal of foreign body	60.0	10.0
2937	with sacrifice of facial nerve	50.0	T		3033	intrathoracic	70.0	16.0
Repair					Excision			
2941	Plastic repair of salivary duct; sialodochoplasty	30.0	7.0		3043	Esophagectomy; resection of esophagus, transpleural or extrapleural	100.0	20.0
Suture					3044	Local excision, end-to-end anastomosis.	90.0	20.0
2951	Closure of salivary fistula . . .	40.0	8.0		Endoscopy			
Manipulation					3051	Esophagoscopy, diagnostic . .	15.0	6.0
*2961	Dilation of salivary duct; ptylectasis	2.0			3053	with insertion of radio- active substance	15.0	6.0
	PHARYNX, ADENOIDS AND TONSILS				3055	with biopsy.	15.0	6.0
Incision					3057	with foreign body removal. .	20.0	7.0
2971	Drainage of retropharyngeal abscess, internal approach. . .	5.0			3061	with dilation, direct.	15.0	6.0
2972	in hospital	10.0	6.0		3063	subsequent	10.0	6.0
2977	Drainage of peritonsillar abscess.	3.0			Repair			
2978	in hospital	10.0	6.0		3071	Esophagoplasty; plastic repair or reconstruction of esophagus	100.0	22.0
*2982	Biopsy of pharynx	2.5			3072	Esophagogastrostomy (cardioplasty).	60.0	15.0
2984	Excision of pharyngoesophageal diverticulum, first stage . . .	20.0	9.0		3073	Esophagoduodenostomy	60.0	20.0
2986	second stage.	20.0	9.0		3074	Esophagojejunostomy	100.0	24.0
2987	single stage	40.0	11.0		3075	Esophagostomy; fistulization of esophagus, external	40.0	11.0
2989	Excision branchial cleft cyst or vestige, confined to skin and subcutaneous tissues . . .	15.0	6.0		3076	Esophagomyotomy (Heller) . .	70.0	15.0
2990	extending beneath sub- cutaneous tissues	50.0	12.0		Suture			
2992	Tonsillectomy, with or with- out adenoidectomy, any age . .	15.0	5.0		3081	Suture of esophageal wound, injury or rupture, cervical approach	40.0	11.0
2996	Adenoidectomy (independent procedure).	10.0	5.0					

		Surg.	Anes.
3083	Intrathoracic	70.0	20.0
3086	Closure of esophagostomy or other external esophageal fistula, cervical	40.0	11.0
3087	thoracic	70.0	20.0

Manipulation

3091	Dilatation of esophagus by sound, bougie or bag, initial, direct (see 3061).		
3092	initial, indirect	5.0	
3095	subsequent	2.0	

STOMACH

Incision

3101	Gastrotomy with exploration or foreign body removal	40.0	9.0
3105	Pyloromyotomy: cutting of pyloric muscle (Fredet- Ramstedt operation)	50.0	9.0

Excision

3111	Biopsy of stomach, with laparotomy	50.0	9.0
3112	Local excision of stomach ulcer or benign neoplasm	50.0	10.0
3114	Total gastrectomy	100.0	17.0
3115	Subtotal gastrectomy	70.0	14.0

Endoscopy (Independent procedure)

3121	Gastrosocopy, diagnostic	15.0	
3123	with biopsy	15.0	

Suture

3131	Pyloroplasty	50.0	10.0
3133	Gastroduodenostomy	50.0	10.0
3135	Gastrojejunostomy	50.0	10.0
3136	with partial vagectomy; vagotomy	70.0	12.0
3137	Gastrostomy for feeding	40.0	7.0
3141	Gastrorrhaphy: suture of per- forated gastric ulcer, wound or injury	50.0	9.0
3144	Closure or taking down of gastroduodenal anastomosis (gastroduodenostomy).	60.0	12.0
3146	Closure or taking down of gastrojejunal anastomosis (gastrojejunostomy).	60.0	12.0
3153	Closure of gastrotomy	40.0	8.0

INTESTINES (EXCEPT RECTUM)

		Surg.	Anes.
Incision			
3161	Enterotomy with exploration or foreign body removal, small bowel	50.0	9.0
3162	large bowel	60.0	9.0
3166	Exteriorization of intestine, preliminary to resection; first stage Mikulicz, resec- tion of intestine	50.0	9.0

Excision

3171	Excision of one or more intestinal lesions not requir- ing anastomosis, exterioriza- tion or fistulization	60.0	11.0
3174	Enterectomy: resection of small intestine with anastomosis	60.0	11.0
3176	with enterostomy	60.0	11.0
3178	Colectomy: resection of large intestine, one or two stages, including colostomy and closure, if necessary . .	80.0	T
3179	Colectomy, partial, with anastomosis and with or without proximal colostomy .	80.0	16.0
3180	total, with or without ileostomy or anastomosis .	100.0	19.0
3191	Enteroenterostomy: anastomosis of intestines . .	50.0	10.0

ENTEROSTOMY - External fistulization
of intestines.

3193	small (ileostomy or jejunostomy).	50.0	10.0
3195	large (colostomy).	50.0	10.0
3197	small or large, for ulcerative colitis	75.0	12.0
3200	Reduction of volvulus, intussusception, internal hernia (by laparotomy). . . .	50.0	10.0
3203	Revision of colostomy; office	10.0	
3204	hospital	20.0	7.0
3205	Cecopexy: fixation of colon to abdominal wall	50.0	8.0

Destruction

3211	Enterolysis: freeing of intestinal adhesion	50.0	10.0
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Suture		Surg.	Anes.
3221	Suture of intestine (enterorrhaphy), large or small, for perforated ulcer, wound, injury or rupture	50.0	11.0
3222	Suture of intestine with colostomy	65.0	12.0
3225	Closure of enterostomy, large or small intestine	40.0	8.0

MECKEL'S DIVERTICULUM AND THE MESENTERY

Excision			
3231	Excision of Meckel's diverticulum (diverticulectomy) . . .	40.0	7.0
3235	Excision of lesion of mesentery	50.0	9.0

Suture			
3241	Suture of mesentery	40.0	8.0

APPENDIX

Incision			
3251	Incision and drainage of appendical abscess	30.0	7.0

Excision			
3261	Appendectomy	35.0	7.0

RECTUM

Incision			
*3283	Incision and drainage, perirectal abscess, office	2.0	

Excision			
3291	Complete proctectomy, combines abdominoperineal, one or two stages	100.0	17.0
3292	Complete proctectomy for congenital megacolon	100.0	17.0
3294	Excision of rectal procidentia	40.0	8.0
3296	Division of stricture in rectum	35.0	8.0
3297	Valvotomy	35.0	7.0
3298	Perineal excision of recurrent malignant tumor	40.0	T

Endoscopy (independent procedure)

3311	Proctosigmoidoscopy, diagnostic, initial	3.0	T
3312	subsequent	2.0	T
3313	with biopsy, initial	5.0	T
3314	subsequent	3.0	T
3315	with removal of papillomas or polyps, initial	6.0	T

		Surg.	Anes.
3316	subsequent	5.0	T
3317	with removal of multiple papillomas or polyps	9.0	T
3319	Sigmoidoscopic control of hemorrhage	7.5	T

Repair

3321	Proctoplasty, perineal, for stricture or prolapse	35.0	7.0
*3322	Perirectal injection of sclerosing solution for prolapse	2.5	
3325	Proctopexy, abdominal, for prolapse	50.0	10.0

Suture

3331	Closure of rectovesical fistula	50.0	13.0
3333	Closure of rectourethral fistula	50.0	13.0
3335	Closure of rectovaginal fistula	50.0	13.0

Manipulation (independent procedure)

*3341	Reduction of prolapse of rectum	2.0	
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ANUS

Incision

3353	Fistulotomy or fistulectomy, simple	20.0	6.0
3354	complicated or multiple . .	37.5	7.0
3355	Fistulectomy, second stage .	10.0	6.0
3358	Incision and drainage of ischiorectal abscess with fistulotomy or fistulectomy .	30.0	7.0
*3364	Sphincterotomy, anal; division of anal sphincter	5.0	

Excision

3371	Fissurectomy, with or without sphincterotomy	15.0	6.0
3373	Cryptectomy, single, or multiple (independent procedure)	5.0	T
3374	Papillectomy, single or multiple (independent procedure)	5.0	T
3377	Hemorrhoidectomy, external only	5.0	T
3380	internal and external . . .	25.0	6.0
3382	Fistulotomy or fistulectomy and hemorrhoidectomy	30.0	7.0
3386	Fissurectomy and hemorrhoidectomy	25.0	6.0

		Surg.	Anes.
*3392	Enucleation of external thrombotic hemorrhoid.	3.0	T
3395	Excision of external hemorrhoidal tabs	5.0	4.0

Introduction

*3401	Hemorrhoids, injection of sclerosing solution	1.5	
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Endoscopy (independent procedure)

3411	Anoscopy, diagnostic.	1.0	
3413	with biopsy	3.0	
3415	with removal of foreign body	3.0	
3416	subsequent	1.0	
3417	Control of hemorrhage - endoscopic.	6.0	

Repair

3421	Anoplasty, infant	25.0	8.0
3423	adult	25.0	7.0
3425	Sphincteroplasty, anal: plastic operation for incontinence . . .	35.0	9.0
3426	Thiersch procedure for incontinence and/or prolapse	20.0	7.0
3427	Construction of anus, for congenital absence	40.0	T
3428	combined abdominoperineal approach	80.0	T

Destruction

3433	Condyloma, single or multiple, internal	7.5	4.0
3434	subsequent	2.5	T

LIVER

Incision

*3456	Aspiration biopsy of liver. . . .	3.0	
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Excision

3464	Hepatectomy, partial: resection of liver.	70.0	17.0
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Repair

3471	Marsupialization of cyst or abscess of liver	60.0	12.0
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Suture

3481	Hepatorrhaphy: suture of liver wound or injury	50.0	12.0
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BILIARY TRACT

Incision

3491	Hepaticotomy, with exploration, drainage (hepaticostomy) or removal of calculus	60.0	12.0
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		Surg.	Anes.
3495	Choledochotomy or choledochostomy with exploration, drainage or removal of calculus, with or without cholecystotomy	60.0	13.0
3500	Duodenocholedochotomy: transduodenal choledocholithotomy.	90.0	17.0
3504	Cholecystotomy or cholecystostomy with exploration, drainage or removal of calculus	45.0	10.0

Excision

3515	Cholecystectomy	55.0	10.0
3517	with open exploration of common duct	65.0	12.0

PANCREAS

Incision

3541	Pancreatotomy for drainage of pancreatitis	60.0	11.0
3544	Removal of calculus	60.0	12.0

Excision

3550	Pancreatectomy - subtotal (simple)	70.0	12.0
3551	subtotal (Whipple type) . . .	100.0	17.0
3552	total	80.0	13.0

Repair

3565	Marsupialization of cyst of pancreas	60.0	12.0
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ABDOMEN, PERITONEUM AND OMENTUM

Incision

3571	Exploratory laparotomy: exploratory celiotomy	35.0	7.0
3573	Drainage of peritoneal abscess or localized peritonitis exclusive of appendical abscess	40.0	7.0
3575	Subdiaphragmatic or subphrenic abscess, one or two stages	50.0	10.0
3578	Retroperitoneal abscess . . .	40.0	9.0
3588	Peritoneocentesis: abdominal paracentesis, initial	4.0	
3590	subsequent	2.0	

Endoscopy

3595	Peritoneoscopy	15.0	
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Introduction		Surg.	Anes.
3611	Pneumoperitoneum: intra-peritoneal injection of air, initial	3.0	
3612	subsequent	2.0	
3614	Retroperitoneal insufflation of air	4.0	

Repair

When bilateral hernia is present on day of surgical repair or when one is considered potential for surgical repair, postponement of surgical repair of companion potential hernia or hernia under three months will be considered a bilateral procedure for this schedule as if performed on the same day as one herniorrhaphy was performed.

HERNIOPLASTY; HERNIORRHAPHY;
HERNIOTOMY

3631	Inguinal, unilateral	30.0	6.0
3632	with appendectomy	40.0	8.0
3633	with orchiectomy	30.0	7.0
3634	with excision of hydrocele	40.0	7.0
3635	recurrent	40.0	8.0
3638	Inguinal, bilateral	40.0	8.0
3640	with appendectomy	50.0	10.0
3641	with orchiectomy	45.0	9.0
3642	with excision of hydrocele	50.0	10.0
3643	recurrent	50.0	10.0
3646	Femoral, unilateral	30.0	6.0
3647	with appendectomy	40.0	8.0
3651	recurrent	40.0	8.0
3654	Femoral, bilateral	45.0	9.0
3658	recurrent	50.0	10.0
3661	Ventral, incisional	40.0	8.0
3662	recurrent	40.0	9.0
3663	Epigastric	30.0	8.0
3664	recurrent	45.0	9.0
3665	Umbilical	30.0	6.0
3667	Omphalocele by report		T
3709	Diaphragmatic	70.0	13.0

Suture

3734	Secondary suture of abdominal wall for evisceration or disruption	20.0	7.0
3735	Suture of ruptured diaphragm	60.0	13.0

URINARY SYSTEM

KIDNEY

Incision		Surg.	Anes.
3802	Drainage of perirenal abscess (independent procedure)	40.0	7.0
3806	Exploration with or without nephrotomy	70.0	11.0
3808	Nephrostomy with drainage	60.0	10.0
3811	Nephrolithotomy, removal of calculus	70.0	11.0
3813	Division or transection of aberrant renal vessels (independent procedure)	60.0	11.0
3815	Pyelotomy with exploration	65.0	11.0
3816	Pyelostomy with drainage	60.0	11.0
3817	Pyelolithotomy	65.0	11.0

Excision

*3820	Renal biopsy (by trochar or needle)	3.0	
3821	Nephrectomy	70.0	12.0
3822	plus total ureterectomy	100.0	17.0
3824	partial	70.0	12.0
3827	Excision of cyst of kidney	60.0	12.0
3829	Aspiration or injections of renal cyst or renal pelvis	10.0	

Introduction

3830	Perirenal insufflation, unilateral or bilateral	10.0	
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Repair

3831	Pyeloplasty: plastic operation on renal pelvis with or without plastic operation on ureter	70.0	13.0
3835	Nephropexy: fixation or suspension of movable kidney (independent procedure)	60.0	11.0

Suture

3841	Nephrorrhaphy: suture of kidney wound or injury	70.0	15.0
3845	Closure of nephrostomy, pyelostomy or other renal fistula (e.g.: renal colic fistula)	80.0	13.0
3846	Symphysiotomy for horseshoe kidney	100.0	17.0

SPERMEN

		Surg.	Anes.			Surg.	Anes.
3847	Renal sympathectomy (independent procedure)	60.0	11.0	Excision	3911	Cystectomy, partial	60.0 12.0
					3913	complete.	100.0 19.0
					3918	Transurethral electroresection of vesical neck, female	40.0 7.0
	URETER				3920	Excision of bladder diverticulum (independent procedure)	70.0 12.0
Incision					3922	Excision of bladder tumor (see 3901)	60.0 10.0
3851	Ureterotomy with exploration or drainage (independent procedure)	60.0	10.0		3924	Transurethral resection of bladder tumors	50.0 10.0
3857	Ureterolithotomy	60.0	10.0				
Excision				Endoscopy (independent procedure)			
3861	Ureterectomy, complete or partial (independent procedure)	70.0	13.0	3931	Cystoscopy, diagnostic, initial	5.0	5.0
3867	Suprapubic excision (independent procedure)	50.0	9.0	3932	subsequent	3.0	T
Repair				3933	with biopsy, initial	8.0	5.0
3871	Ureteroplasty: plastic operation on ureter (stricture)	70.0	13.0	3934	subsequent	5.0	5.0
3874	Ureteropyelostomy: anastomosis of ureter and renal pelvis	70.0	13.0	3935	with ureteral catheterization, initial	10.0	5.0
3876	Ureterocystostomy: anastomosis of ureter to bladder: unilateral	60.0	12.0	3936	subsequent	5.0	5.0
3877	bilateral	70.0	15.0	3937	for stone removal, manipulation, initial	20.0	6.0
3880	Ureteroenterostomy: anastomosis of ureter to intestine, unilateral.	70.0	13.0	3938	subsequent	15.0	6.0
3881	bilateral	100.0	18.0	3939	Ureteral meatotomy.	20.0	6.0
3884	Ureterostomy: transplantation of ureter to skin, unilateral.	60.0	11.0	3940	Cystoscopy with fulguration, minor lesion of bladder	8.0	5.0
3885	bilateral	80.0	13.0	3941	Cystoscopy with fulguration of bladder tumor, initial	25.0	7.0
Suture				3942	subsequent	15.0	7.0
3891	Ureterorrhaphy: suture of ureter (independent procedure)	70.0	11.0	3943	Cystoscopy with insertion of radioactive substance with or without biopsy or fulguration, initial	30.0	7.0
3895	Closure of fistula of ureter.	80.0	13.0	3944	subsequent	20.0	7.0
				3945	Resection or fulguration of ureterocele	20.0	7.0
				3947	Cystoscopic removal of foreign body	20.0	6.0
	BLADDER						
Incision				Destruction			
3900	Puncture aspiration of bladder by needle	5.0		3951	Litholapaxy: crushing of calculus in bladder and removal of fragments	40.0	7.0
3901	Cystotomy with exploration or fulguration	60.0	10.0				
3902	Puncture aspiration by trochar.	5.0		Suture			
3906	Cystostomy with drainage	40.0	7.0	3961	Cystorrhaphy: suture of bladder wound, injury or rupture	50.0	12.0
3907	Cystolithotomy	50.0	8.0				
3908	Drainage of perivesical or prevesical space abscess	50.0	10.0	3965	Closure of vesicovaginal, vesicouterine, or vesicorectal fistula	50.0	13.0

URETHRA

Incision		Surg.	Anes.
3971	Urethrotomy, external (independent procedure) anterior . .	10.0	4.0
3973	perineal	25.0	4.0
3975	Urethrostomy: drainage by fistulization (independent procedure)	25.0	5.0
3977	Meatotomy: cutting of meatus (independent procedure)	3.0	T
3978	Drainage of periurethral abscess	5.0	4.0
	(See Integumentary System)		
3979	Drainage of perineal urinary extravasation (independent procedure)	25.0	5.0
Excision			
3981	Excision of urethral caruncle or fulguration	7.0	4.0
3991	Excision of diverticulum of urethra (independent procedure)	40.0	7.0
3994	Excision or fulguration of urethral polyps	5.0	4.0
Endoscopy			
4000	Urethroscopy, diagnostic	5.0	
4001	with removal of calculus or foreign body	20.0	4.0
4004	with internal urethrotomy	20.0	4.0
4006	with fulguration of posterior urethra	10.0	4.0
4008	subsequent	3.0	T
Repair			
4011	Urethroplasty: plastic operation on urethra	30.0	7.0
4019	Diversion of perineal urinary extravasation with diversion of urinary stream	50.0	10.0
Suture			
4021	Urethrorrhaphy: suture of urethral wound or injury	50.0	10.0
4023	Closure of urethrostomy or fistula of urethra (independent procedure)	30.0	8.0
4025	Closure of urethrovaginal fistula	40.0	9.0
Manipulation			
*4031	Dilation of urethral stricture by passage of sound, initial . .	3.0	

*4033 subsequent Surg. Anes. 1.0

MALE GENITAL SYSTEM

PENIS

Incision			
*4101	Dorsal or lateral "slit" of prepuce (independent procedure)	3.0	
Excision			
*4111	Biopsy of penis	2.0	T
4114	Amputation of penis, partial	40.0	8.0
4115	complete	50.0	9.0
4116	radical	100.0	17.0
4120	Local excision of lesion of penis	5.0	
4122	Circumcision, newborn (within 14 days)	3.0	
4123	under age 10	5.0	4.0
4125	age 10 or over	8.0	4.0
4127	Excision (or fulguration) of warts	5.0	4.0
Repair			
4131	Plastic operation on penis for hypospadias, straightening of chordee	30.0	8.0
4132	Urethroplasty for hypospadias (see 0260 to 0325)		
4134	Plastic operation on penis for injury	50.0	10.0
4135	for epispadias	100.0	16.0
4138	for urinary extravasation	30.0	6.0

TESTIS

Excision			
4141	Biopsy (independent procedure)	10.0	4.0
4144	Orchiectomy, simple, unilateral	20.0	5.0
4146	radical, unilateral or bilateral, with retroperitoneal gland dissection	100.0	18.0
Repair			
4152	Reduction of torsion of testis by surgical means	30.0	6.0
4156	Orchiopexy, with attachment of testis to thigh (Torek)	50.0	10.0
4157	with detachment of testis from thigh, second stage (Torek)	5.0	

			Surg.	Anes.
4158	one or more stages, with hernia repair.	40.0	8.0	

EPIDIDYMIS

Incision				
4161	Drainage of abscess of epididymis.	5.0	4.0	

Excision				
4171	Biopsy of epididymis.	10.0	4.0	
4174	Excision of spermatocele without epididymectomy.	10.0	4.0	
4176	Epididymectomy, unilateral. .	30.0	6.0	
4177	bilateral.	40.0	7.0	

Repair				
Epididymovasostomy (anastomosis of epididymis to vas deferens)				
4181	unilateral.	40.0	8.0	
4182	bilateral.	50.0	10.0	

TUNICA VAGINALIS

Incision				
*4191	Puncture aspiration of hydrocele	2.0		
*4192	subsequent.	1.0		
4201	Excision of hydrocele, uni- lateral.	20.0	5.0	
4202	with hernia repair (see Hernioplasty)			

SCROTUM

Incision				
4211	Drainage of scrotal abscess. .	10.0	4.0	
4215	Removal of foreign body in scrotum.	20.0	4.0	

VAS DEFERENS

Incision				
4231	Vasotomy: division or tran- section of vas (independent procedure).	10.0	4.0	

Excision				
4241	Vasectomy, complete or partial (independent proce- dure).	10.0	4.0	

Repair				
4251	Vasovasostomy, unilateral. .	20.0	4.0	T
4252	bilateral. .	25.0	4.0	T

Suture				
4261	Ligation of vas (independent procedure).	5.0	4.0	

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SPERMATIC CORD

Excision			Surg.	Anes.
4271	Excision of hydrocele of spermatic cord (independent procedure), unilateral.	30.0	5.0	
4272	bilateral.	40.0	7.0	
4275	Excision of varicocele (inde- pendent procedure), unilateral	30.0	5.0	
4278	with hernia repair.	40.0	7.0	

SEMINAL VESICLES

Excision				
4291	Vesiculectomy.	80.0	14.0	

PROSTATE

Incision				
4301	Prostatotomy: external drainage of prostatic abscess	30.0	7.0	
4304	Prostatolithotomy: removal of prostatic calculus (inde- pendent procedure).	70.0	11.0	
*4305	Prostate - needle biopsy.	2.0		

Excision				
4311	Prostatectomy, perineal, subtotal.	70.0	12.0	
4313	perineal, radical.	100.0	16.0	
4316	suprapubic, one or two stages.	70.0	11.0	
4318	retropubic.	70.0	13.0	

Endoscopy				
4321	Transurethral electrore- section of prostate, includ- ing control of postoperative bleeding, complete.	70.0	13.0	
4323	partial, initial.	40.0	9.0	
4324	partial, subsequent.	30.0	7.0	

FEMALE GENITAL SYSTEM

VULVA

Incision				
4401	Episiotomy, nonobstetrical. .	7.0		
*4403	Incision and drainage of abscess of vulva.	2.0		T
*4405	Incision and drainage of Bartholin's gland abscess, unilateral.	2.0		T
4411	Hymenotomy: incision of hymen.	5.0	4.0	

Excision				
*4421	Biopsy of vulva.	2.0		T

		Surg.	Anes.			Surg.	Anes.
4423	Vulvectomy, complete	40.0	8.0	4486	Colpoperineoplasty, posterior vaginal wall; repair of rectocele and perineoplasty; pelvic floor repair	25.0	7.0
4424	partial	30.0	7.0	4488	Repair of cystocele, rectocele, and perineoplasty, anterior and posterior vaginal walls	40.0	9.0
4425	radical, including regional lymph nodes	80.0	16.0	4491	with repair of urethrocele	40.0	10.0
4427	Local excision of lesion of external female genital organ (see 0178 to 0190, 0260 to 0325).			4493	Repair of enterocele, with or without associated related procedures, abdominal approach	40.0	10.0
4428	Clitoridotomy: circumcision, female	7.5	4.0	4494	vaginal approach	40.0	9.0
4431	Hymenectomy: excision of hymen	7.5	4.0	4495	Colpopexy	40.0	8.0
4433	Excision of cautery destruction of Bartholin's gland or cyst	12.0	5.0	4497	Reconstruction of congenital deformities of the vagina, including vaginal atresia and septate vagina	40.0	10.0
4436	Excision or fulguration of Skene's glands	5.0	4.0				
Repair				Suture			
4443	Plastic operation on urethral sphincter, female (Kelly, Kennedy)	20.0	5.0	4501	Colporrhaphy: suture of recent injury of vagina (non-obstetrical)	10.0	T
4447	Repair of urethrocele, female (independent procedure)	20.0	5.0	4505	Colpoperineorrhaphy: suture of recent injury of vagina and perineum (nonobstetrical)	10.0	T
Suture				4506	Closure of vaginal fistulae (see Ureter, Bladder, Rectum) by report		T
4451	Episiorrhaphy: suture of recent injury of vulva	5.0	4.0				
VAGINA							
Incision				Manipulation			
4461	Colpotomy with exploration or drainage of pelvic abscess	10.0	4.0	*4511	Dilation of vagina (under anesthesia)	3.0	T
*4463	Puncture and aspiration of Douglas' cul de sac	3.0					
Excision				Endoscopy			
*4471	Biopsy of vagina (independent procedure)	3.0	T	4521	Culdoscopy (independent procedure)	7.5	
4473	Colpectomy or colpocleisis, complete; complete obliteration of vagina	25.0	7.0	OVIDUCT			
4474	partial (La Forte)	25.0	7.0	Incision			
4476	Excision of vaginal cyst	10.0	4.0	4531	Transection of fallopian tube, unilateral or bilateral (independent procedure), abdominal approach	40.0	7.0
4478	Excision of vaginal septum	10.0	4.0	4532	vaginal approach	40.0	7.0
Repair				Excision			
4481	Colpoplasty, anterior vaginal wall; repair of cystocele (independent procedure)	30.0	7.0	4541	Salpingectomy, complete or partial, unilateral or bilateral (independent procedure)	40.0	8.0
4482	with repair of urethrocele	30.0	7.0				
4484	posterior vaginal wall; repair of rectocele (independent procedure)	25.0	6.0				

		Surg. Anes.				Surg. Anes.	
4545	Salpingo-oophorectomy, complete or partial, unilateral or bilateral (independent procedure)	40.0	9.0	4632	Removal of cervical stump . .	50.0	8.0
4551	Salpingoplasty for sterility, unilateral or bilateral (independent procedure)	40.0	T	4634	Trachelectomy; cervicectomy; amputation of cervix (independent procedure)	15.0	5.0
Suture	4561	Ligation of fallopian tube, unilateral or bilateral (independent procedure)	40.0	7.0	4637	Partial excision of cervix . . .	15.0
					*4641	Local excision of lesion of cervix (cauterization or conization)	2.0
		OVARY		4644	Local excision of lesion of cervix in conjunction with dilation and curettage	10.0	4.0
Incision	4571	Drainage of ovarian cyst or abscess, unilateral or bilateral (independent procedure)	30.0	7.0	4646	Dilation and curettage of uterus (independent procedure), under general anesthesia	10.0
					4647	for removal of uterine polyps	10.0
Excision	4581	Excision of ovarian cyst, unilateral or bilateral (independent procedure)	40.0	8.0	Introduction		
					4671	Insertion of radioactive substance into cervix, uterus or both, with or without biopsy or dilation and curettage . . .	20.0
4583	Oophorectomy, unilateral or bilateral (independent procedure), complete	40.0	9.0	4676	Injection of radiopaque contrast media	3.0	4.0
4585	partial	40.0	8.0	Repair			
4591	Oophoroplasty, unilateral or bilateral (independent procedure)	40.0	9.0	HYSTEROPEXY -			
		UTERUS AND CERVIX UTERI		4681	with ventrosuspension: ventrofixation	40.0	9.0
Excision	*4611	Biopsy of cervix or endometrium (independent procedure)	2.0	T	4683	with presacral sympathectomy with or without other surgery	40.0
					4685	with interposition operation (Watkins, Kennedy), with or without pelvic floor repair	40.0
		HYSTERECTOMY -		4687	with shortening of round ligaments	40.0	9.0
4614	Hysteromyomectomy; myomectomy; excision of fibroid tumor of uterus.	50.0	9.0	4690	with shortening of endopelvic fascia; parametrial fixation (Manchester) with or without pelvic floor repair	40.0	10.0
4617	Panhysterectomy; total hysterectomy (corpus and cervix)	60.0	11.0	4692	with shortening of sacrouterine ligaments	40.0	9.0
4621	Supracervical hysterectomy; subtotal hysterectomy.	50.0	9.0	4694	Hysterosalpingostomy; anastomosis of tubes to uterus	40.0	10.0
4624	Fundectomy, uterine; excision of fundus of uterus	50.0	9.0	4696	Tracheloplasty; plastic repair of uterine cervix (Emmett)	15.0	5.0
4627	Radical hysterectomy for cancer (Wertheim)	80.0	15.0				
4631	Vaginal hysterectomy, with or without pelvic floor repair . . .	60.0	11.0				

Suture		Surg.	Anes.			Surg.	Anes.
4701	Hysterorrhaphy: suture of ruptured uterus (non-obstetrical)	40.0	10.0	4917	subtotal or partial	50.0	10.0
4705	Trachelorrhaphy: suture of recent injury or laceration of cervix (nonobstetrical) . . . by report		T	4924	total or subtotal, for malignancy with neck dissection .	80.0	17.0
				4937	Recurrent thyroidectomy of thyroid remnant	80.0	12.0
				4941	Excision of thyroglossal duct, cyst or sinus	40.0	9.0
Manipulation					PARATHYROID, THYMUS, PITUITARY, PINEAL, ADRENAL GLANDS AND CAROTID BODY		
4711	Dilation of cervix, instrumental (independent procedure), in hospital	5.0	4.0	Excision			
*4712	in office	3.0		4971	Parathyroidectomy or exploration of parathyroid	60.0	11.0
*4713	subsequent, office or hospital	1.0		4972	Mediastinal exploration	100.0	20.0
	PERINEUM			4988	Adrenalectomy	70.0	18.0
Incision				4993	Excision of carotid body tumor	100.0	18.0
4720	Perineotomy with exploration, drainage of abscess, etc.	3.0			NERVOUS SYSTEM		
					STRUCTURES OVERLYING THE MENINGES, BRAIN AND SPINAL CORD		
Repair				Incision			
4731	Perineoplasty: plastic repair of perineum (independent procedure)	10.0	6.0	CRANIOTOMY -			
4734	in conjunction with vaginal operations (see Vagina, repair, 4481 to 4494).			5001	Trephination (or burr holes), exploratory, unilateral	35.0	10.0
4735	Repair of perineum and third degree laceration of the rectum	30.0	9.0	5008	Decompression, orbital, unilateral or bilateral	100.0	15.0
Suture				5011	subtemporal	60.0	12.0
4741	Perineorrhaphy: suture of recent injury of perineum (nonobstetrical) by report		T	5015	suboccipital	60.0	13.0
4745	Closure of perineal fistula	20.0	7.0	5017	Osteoplastic craniotomy (other than operation for brain tumor)	100.0	16.0
	ENDOCRINE SYSTEM			Excision			
	THYROID GLAND			5021	Laminectomy	80.0	15.0
Incision				5025	Hemilaminectomy, lumbar . .	70.0	15.0
4904	Incision and drainage of thyroglossal cyst (infected), in hospital	10.0	4.0	5026	cervical	80.0	17.0
				5027	dorsal	80.0	15.0
Excision				5031	Cranioplasty: plastic operation on skull with bone graft or metal or plastic plate . . .	80.0	17.0
4911	Local excision of small cyst or adenoma of thyroid	40.0	9.0	Repair			
4914	Thyroidectomy, total or complete	60.0	12.0	5036	Repair of encephalocele	75.0	17.0
				5040	Repair of meningocele (spina bifida)	70.0	17.0
				5043	Repair of meningomyelocele .	80.0	17.0

MENINGES AND MENINGEAL VESSELS

Incision		Surg.	Anes.
5051	Drainage of subdural, epidural or subarachnoid space for abscess or hematoma, cranial.	90.0	18.0
5054	spinal	90.0	15.0
*5057	Spinal puncture: lumbar puncture (independent procedure), initial, diagnostic with pressure readings.	3.0	
*5060	Simple spinal puncture.	2.0	
*5062	Cisternal puncture (independent procedure)	3.0	
5065	Drainage of lateral or sigmoid sinus for phlebitis or thrombosis	60.0	16.0

Excision			
5071	Excision of meningeal tumor, cyst or aneurysm	100.0	21.0

Introduction

5081	Pneumoencephalography (independent procedure)	15.0	T
5084	Myelography (independent procedure)	10.0	T
5085	Discogram.	10.0	T
5087	Visualization of intracranial aneurysm by intracarotid injection of dye (independent procedure) with exposure of carotid artery.	25.0	7.0
5091	without exposure of carotid artery	15.0	T

Repair

5101	Graft of dura	80.0	18.0
5105	Marsupialization of lesion of meninges (cyst or abscess) . . .	90.0	19.0

BRAIN

Incision			
5127	Drainage of brain abscess, primary tapping	50.0	12.0
5128	subsequent tapping in operating room	25.0	7.0
5129	subsequent tapping in hospital room or ward	10.0	
5133	Frontal lobotomy, bilateral by craniotomy	60.0	18.0
5134	unilateral by craniotomy	40.0	15.0
5138	Tractotomy (medulla, mesencephalon).	100.0	21.0
5142	Ventricular tap.	35.0	7.0
5145	Subdural tap, unilateral	35.0	7.0

Excision

		Surg.	Anes.
5151	Excision of cortical scar . . .	100.0	20.0
5154	Excision of brain cyst, neoplasm or abscess	100.0	22.0
5157	Excision of brain tissue; topectomy	100.0	20.0
5161	Excision of choroid plexus . .	50.0	20.0
5164	Excision of lobe of brain . . .	100.0	24.0

Repair

5181	Ventriculocisternostomy by catheter: Torkildsen-type operation	90.0	18.0
5185	Marsupialization of lesion (cyst, abscess).	90.0	20.0

SPINAL CORD AND NERVE ROOTS

Incision

5207	Chordotomy; tractotomy or division or transection of nerve tracts in cord (cervical-dorsal)	100.0	17.0
5211	Rhizotomy; division or transection of nerve roots. . .	80.0	15.0
5214	Decompression of spinal cord (by removal of hematoma, bone fragments).	80.0	18.0

Excision

5221	Excision of lesion of spinal cord (neoplasm, cyst)	100.0	20.0
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PERIPHERAL NERVES, CEREBRAL NERVES AND GANGLIA

Incision

NEUROTOMY; cutting, division or transection of nerve			
5240	Retrogasserian neurotomy; transection of sensory root, trigeminal nerve, transtemporal.	100.0	17.0
5243	posterior fossa	100.0	17.0
5245	intramedullary	100.0	19.0
5250	Transection of trigeminal and glossopharyngeal nerve	100.0	17.0
5252	Transection of phrenic nerves (phrenicotomy)	15.0	
5253	Phrenemphraxis; crushing . .	15.0	
5254	Transection of spinal nerves. .	40.0	9.0
5256	Transection of occipital nerve	40.0	9.0
5258	Transection of vagus nerve; vagotomy; vagectomy (abdominal)	45.0	9.0

		Surg.	Anes.
5265	Transection of eighth cranial nerve (Meniere's syndrome) . .	100.0	17.0

Excision

5270	Excision of peripheral neuroma, digit	6.0	4.0
5271	other superficial	10.0	4.0
5272	deep	20.0	7.0
5273	Phrenicectomy: resection of nerve	15.0	6.0
5277	Neurexeresis: avulsion of infraorbital nerve	15.0	6.0
5278	Obturator neurectomy, unilateral	30.0	7.0
5279	bilateral	40.0	9.0
5281	Phrenicoexeresis: avulsion of phrenic nerve	15.0	7.0
5282	Stoefel's neurectomy, unilateral	30.0	8.0
5283	bilateral	40.0	10.0

Introduction

*5290	Injection of alcohol (intra-spinal, paravertebral or paracranial), initial	5.0	
*5291	subsequent	5.0	
*5294	Injection of alcohol (second and third divisions for trigeminal neuralgia), initial . .	7.5	

Nerve Block

5298	Paravertebral block, lumbar or thoracic	5.0	5.0
5300	Sympathetic block (cervical) . .	5.0	5.0
5302	Stellate ganglion	5.0	5.0
5311	Brachial plexus block	5.0	5.0
5312	Intercostal nerves	2.5	2.5
5313	Lumbar, sacral and coccygeal nerves	5.0	5.0
5314	Pudendal nerve	5.0	5.0
5315	Splanchnic nerves	5.0	5.0
5316	Ilioinguinal and iliohypogastric nerves	5.0	5.0
5317	Sciatic nerve	3.0	3.0
5318	Phrenic nerve	2.5	2.5
5319	Other peripheral nerve	2.5	2.5

Repair

NEUROPLASTY: plastic repair of nerve injury.

5320	Major nerve, upper or lower arm or leg, old injury, including scar excisions, local advancements, etc.	40.0	T
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		Surg.	Anes.
5321	recent injury or transplant.	30.0	T
5322	lysis or freeing from scar of intact nerve	20.0	T
5340	Digital nerve, within digit - suture, lysis or free from scar (each additional, add 25%)	15.0	T
5343	Sensory nerves, hand or foot (excluding digits) - suture, lysis or freeing from scar, or transfer (each additional, add 25%)	20.0	T
5344	Motor branch, median or ulnar nerve, new or old injury	30.0	T
5350	Neuroanastomosis of spinal accessory-facial, hypoglossal-facial, spinal accessory-hypoglossal or others unspecified	75.0	T

VEGETATIVE NERVOUS SYSTEM

Excision

Sympathectomy:

5371	Cervical, unilateral	60.0	14.0
5372	bilateral	80.0	17.0
5375	Cervicothoracic, unilateral . .	60.0	14.0
5376	bilateral	90.0	17.0
5381	Lumbar, unilateral	50.0	10.0
5382	bilateral	75.0	15.0
5385	Splanchnicectomy, unilateral .	60.0	12.0
5386	bilateral	90.0	18.0
5390	Presacral neurectomy, hypogastric plexus	50.0	10.0

EYE

EYEBALL

Incision

5401	Goniotomy, primary	30.0	7.0
5402	secondary	20.0	7.0

Excision

5411	Enucleation of eyeball (bulb or globe)	30.0	8.0
5412	with implantation of prosthesis	40.0	9.0
5413	with movable implant, primary	50.0	10.0
5414	secondary	60.0	12.0
5417	Evisceration of eyeball	30.0	7.0
5418	with implantation in scleral shell	50.0	10.0

CORNEA							
Incision		Surg.	Anes.			Surg.	Anes.
5441	Keratotomy, any type	10.0		5503	Scleral resection, full thick-		
5443	Paracentesis of cornea				ness	100.0	17.0
	(keratocentesis)	10.0		5504	lamellar	100.0	17.0
*5445	Removal of foreign body from			5505	subsequent	50.0	17.0
	surface of cornea	1.5		Introduction			
*5447	with magnet	3.0		5511	Air injection into anterior		
*5448	under slit lamp	3.0			chamber for chronic glau-		
Excision					coma	15.0	T
5451	Keratotomy, partial	30.0	10.0	5515	Irrigation and air injection		
5452	complete	40.0	10.0		into anterior chamber for		
5457	Pterygium	20.0	7.0		chronic glaucoma	15.0	T
Introduction				IRIS AND CILIARY BODY			
5461	Tattoo of cornea, mechanical			Incision			
	or chemical	30.0	10.0	5531	Iridotomy	20.0	7.0
*5465	Curettage and cauterization of			5532	with transfixion of iris;		
	corneal ulcer	5.0			iris bombé	20.0	7.0
*5466	Iontophoresis of corneal ulcer.	5.0		Excision			
Repair				5541	Excision of lesion of iris . . .	50.0	9.0
5471	Keratoplasty: corneal trans-			5544	"Complete" iridectomy;		
	plant, lamellar	80.0	15.0		optical iridectomy; pre-	40.0	8.0
5472	partial or complete,			5546	liminary iridectomy	40.0	8.0
	penetrating	100.0	17.0	Destruction			
Suture				5551	Diathermy of the ciliary		
5481	Suture of perforated cornea . .	20.0	T		body; cyclodiathermy	30.0	8.0
SCLERA				5552	Iridodialysis - repair	40.0	9.0
Incision				5553	Corelysis	40.0	9.0
5491	Sclerotomy, operative incision,			5554	Cyclodialysis	30.0	8.0
	with removal of intraocular			Manipulation			
	foreign body (with or without			5571	Iridotaxis (iridencleisis):		
	magnet)	50.0	10.0		stretching of iris (inde-		
5492	with removal of foreign				pendent procedure)	40.0	8.0
	body from anterior cham-			CRYSTALLINE LENS			
	ber (with or without mag-			Incision			
	net)	50.0	10.0	5601	Discission; needling of lens,		
5493	Removal of intraocular foreign				primary	20.0	7.0
	body with magnet, without			5602	secondary	10.0	7.0
	operative incision	30.0	8.0	Excision			
5495	Sclerotomy, posterior			5611	Extraction of lens, intracap-		
	(paracentesis)	30.0	8.0		sular or extracapsular, uni-	70.0	12.0
5496	Aspiration of anterior cham-			5616	lateral	100.0	12.0
	ber	4.0			Removal of dislocated lens . .	100.0	12.0
Excision				VITREOUS			
5501	Sclerectomy for glaucoma			Incision			
	with scissors, punch or			5622	Transplantation of vitreous . .	50.0	12.0
	trephination (Lagrange, Holth,						
	Elliott)	80.0	14.0				

RETINA				Excision			
Repair		Surg.	Anes.			Surg.	Anes.
5631	Reattachment of retina, electrocoagulation, initial. . . .	80.0	15.0	5701	Blepharectomy (see 0178 to 0190, 0260 to 0325).		
5632	subsequent	40.0	17.0	5702	incision or excision of Meibomian glands (chalazion), single	5.0	T
Examination				5703	multiple	6.0	T
5635	Funduscopy, under anesthesia	4.0	4.0	5707	Excision of lesion of eyelid, malignant (see 0178 to 0190, 0260 to 0325).		
OCULAR MUSCLES				5712	Epilation, electrolytic	5.0	
Incision, excision and repair				5717	Excision of xanthoma (see 0178 to 0190, 0260 to 0325).		
5641	Myotomy, tenotomy, recession, resection, advancement or shortening of ocular muscles for strabismus, one or more stages, unilateral . . .	50.0	8.0	Repair			
5642	bilateral	60.0	10.0	5721	Blepharoplasty: plastic repair of eyelid, with or without graft, any type (see 0260 to 0325).		
5643	One muscle, initial	30.0	7.0	5723	Canthoplasty: plastic repair of canthus (see 0260 to 0319).		
5646	subsequent	20.0	7.0	5724	Plastic restoration of eyebrow (by graft) (see 0295 to 0325).		
5647	Muscle transplant	70.0	12.0	5725	Tarsoplasty: plastic repair of tarsal cartilage (see 0265 to 0267).		
ORBIT				5726	Reposition of ciliary base (see 0260 to 0325).		
Incision				*5728	Cautery puncture for entropion or ectropion.	5.0	
5651	Orbitotomy with exploration . .	60.0	12.0	Suture			
5652	with drainage of intraocular abscess	60.0	12.0	5731	Blepharorrhaphy: suture of eyelid (see 0251 to 0252, 0265 to 0267).		
5653	with removal of intraorbital foreign body	60.0	12.0	5734	Tarsorrhaphy: suture of tarsal cartilage (see 0251 to 0252, 0265 to 0267).		
5662	Excision of lesion of orbit, benign or malignant	60.0	15.0	5737	Canthorrhaphy: suture of palpebral fissure of canthus (see 0251 to 0252, 0265 to 0267).		
5664	Exenteration or evisceration of orbital contents with or without graft	100.0	17.0				
Introduction				CONJUNCTIVA			
5671	Orbital injection of alcohol for hemorrhagic glaucoma or intractable pain	10.0		Incision			
Repair				*5741	Removal of foreign body from surface of conjunctiva	1.0	
5681	Plastic repair of orbit (see 0260 to 0325 and 0619, 0621, 0622).			*5742	embedded in conjunctiva . .	2.0	
EYELIDS				*5743	Suture of conjunctiva	3.0	
Incision				Excision			
*5691	Blepharotomy with drainage of abscess of eyelid	2.0		5751	Biopsy of conjunctiva	5.0	
*5692	with drainage of Meibomian glands; hordeolum (stye)	1.0		*5753	Excision of lesion of conjunctiva: cyst	5.0	
5697	Recession of levator palpebrae muscle	50.0	10.0	5754	epithelioma (see 0178 to 0190, 0260 to 0325).		
5698	Resection of levator palpebrae muscle	50.0	10.0				

		Surg. Anes.				Surg. Anes.	
5755	nevus (see 0178 to 0190, 0260 to 0325).			*5844	subsequent	1.5	
Repair				EAR			
Conjunctivoplasty:				EXTERNAL EAR			
5771	Free graft of conjunctiva (see 0295 to 0296).			Incision			
5773	of mucous membrane (see 0295 to 0296).			*5901	Drainage of abscess of auricle (see 0103).	2.0	
5774	Flap operation for corneal ulcer	15.0		*5903	Drainage of hematoma of auricle	2.0	
5775	Flap operation; "flapping" of conjunctiva for perforating injuries or operative wound . .	15.0		*5905	Drainage of abscess of external auditory canal	2.0	
5776	for laceration	7.5		Excision			
5777	Repair of symblepharon without graft (see 0178 to 0190, 0260 to 0276).			5911	Biopsy of ear	2.0	
LACRIMAL TRACT				5914	Local destruction of lesion of ear (see 0178).		
Incision				5915	with plastic closure (see 0260 to 0325).		
5801	Drainage of lacrimal gland (abscess).	10.0	T	5917	Complete excision of ear: amputation of ear	20.0	T
5803	Drainage of lacrimal sac - dacryocystotomy or dacryocystostomy.	7.5	T	5922	Excision of exostosis of external auditory canal	20.0	T
5804	Dacryocystotomy or dacryocystostomy, intranasal. .	20.0	T	5924	Radical excision of malignant lesion of external auditory canal	60.0	12.0
Excision				Endoscopy			
5811	Dacryoadenectomy: excision of lacrimal gland	50.0	10.0	5933	Otoscopy with removal of foreign body in external auditory canal under general anesthesia	5.0	4.0
5813	Dacryocystectomy: excision of lacrimal sac.	50.0	10.0	Repair			
5815	Excision of lacrimal gland tumor	50.0	10.0	5941	Otoplasty: plastic operation on ear (see 0260 to 0325).		
Introduction				5943	Reconstruction of ear with graft of skin plus cartilage, bone or other implant (see 0260 to 0325, 0619 to 0622).		
5821	Catheterization of lacrimonasal duct, initial	10.0	T	5947	Otoplasty, of cartilage ("lop-ear"), with or without reduction in size (unilateral) . .	40.0	8.0
Repair				5948	Otoplasty (bilateral).	60.0	11.0
5833	Dacryocystorhinostomy: fistulization of lacrimal sac into nasal cavity, with or without anterior ethmoidectomy (Toti).	50.0	10.0	Suture			
*5835	Closure of punctum by cautery	4.0		5951	Suture of wound or injury of ear (see 0251 to 0252, 0265 to 0267).		
Manipulation				MIDDLE EAR			
*5841	Dilation of punctum	2.0		Incision			
*5843	Probing of lacrimonasal duct, initial	3.0		5955	Eustachian tube, catheterization and insufflation.	1.5	

*5961	Myringotomy; tympanotomy; plicotomy.	2.0		Suture 6001	Closure of fistula mastoid . .	Surg. Anes. 20.0 7.0
Excision			Surg. Anes.			
5971	Mastoidectomy, simple	40.0	9.0			
5975	radical.	60.0	12.0			
*5982	Removal of middle ear polyp by snare	5.0				
5983	in hospital	10.0	4.0	Incision		
5984	Ossiculectomy	20.0	T	6011	Labyrinthotomy, any type. . .	80.0 14.0
Repair						
5991	Revision of radical mastoid cavity.	60.0	12.0	Excision		
5992	Tympanoplasty (to include complete mastoidectomy)	100.0	T	6021	Labyrinthectomy	80.0 14.0
5993	Myringoplasty (ear drum repair)	60.0	12.0	Repair		
5995	Reconstruction of canal and middle ear for agenesis (con- genital atresia of ear canal) . .	100.0	T	6031	Fenestration of semicircular canals	100.0 15.0
				6032	Revision of fenestration operation	60.0 12.0
				6033	Stapes mobilization.	60.0

INTERNAL EAR

SPECIMEN

SURGICAL CONDITIONS:

1. The listed unit value for procedures indicated by an asterisk shall apply only to surgery. All other unit values include two weeks' postoperative care.
2. Two or more procedures performed during the course of a single operation through the same incision, or in the same natural body orifice, or in the same operative field shall be considered as one procedure with a value equal to the largest of the values for the respective procedures, unless otherwise specified in the schedule.
3. In case of multiple surgical procedures, in separate operative fields and separate incisions, 50 per cent of the allowance for the minor procedures will be paid in addition to the amount payable for the major procedure, unless otherwise specified in the schedule.
4. The Association will determine a value consistent with values listed for a cutting procedure not listed in the schedule - such determination in each case, to take into account the nature and complexity of the procedure involved and the exceptions, limitations and exclusions of the policy applicable.
5. In any event, the aggregate payment for all procedures shall not exceed the allowance indicated for the procedure of highest unit value for any one period of disability.
6. Successive procedures shall be considered to have been performed during one period of disability unless:
 - (a) in the case of a protected person, the subsequent operation is performed after return to work on full time or unless the subsequent operation is due to causes entirely unrelated to the causes of the previous operation.
 - (b) in the case of a dependent, the subsequent operation is performed more than three months after the previous operation or unless the subsequent operation is due to causes entirely unrelated to the causes of the previous operation.

ANESTHESIA CONDITIONS:

1. Anesthesia Service incorporates the customary preoperative and postoperative visits, the administration of the anesthetic and the administration of fluids or blood incident to the anesthesia or surgery.
2. Listed Anesthesia Service Fees are payable only when the anesthesia is personally administered by a physician and surgeon who remains in constant attendance during the procedure for the sole purpose of rendering such anesthesia service.
3. If the anesthesia is administered by the attending surgeon or his assistant, the fee shall be 50 per cent of the listed amount.
4. In procedures where no anesthesia unit is listed, if anesthesia service is required, the fee for service is determined according to time.
5. In procedures where the anesthesia unit is listed as "T," the fee for service is determined according to time.
6. Anesthesia based on time starts with the beginning of anesthesia and ends when the anesthetist is no longer in professional attendance (when the patient may safely be placed under customary post-operative supervision).

SECRET

Relative Value Units

First half hour (or any fraction thereof)	4.0
Third and fourth quarter hour (or major fraction thereof) each	1.5
Each succeeding quarter hour (or major fraction thereof)	1.0

7. SURGICAL CONDITIONS regarding multiple surgical procedures is equally applicable to anesthesia procedures.

OBSTETRICAL BENEFITS. If a female protected person or a dependent wife, while insured under this policy, shall have an obstetrical procedure performed by a physician or surgeon as a result of pregnancy, including resulting childbirth or miscarriage, the Association will pay for the expense actually incurred, but not to exceed the following limits:

OBSTETRICAL PROCEDURES Relative Value Units

Delivery of child or children	16
Cesarean section	30
Miscarriage	10

The Association will also pay for charges made by a physician or anesthetist for the administration of anesthetic during the course of an Obstetrical Procedure, but not to exceed \$20.00 for any one pregnancy.

Obstetrical Benefits for the female protected person are not payable unless she is covered under a family enrollment.

PART C.
MAJOR MEDICAL EXPENSE BENEFITS

The benefits for dependents provided under this MAJOR MEDICAL EXPENSE BENEFITS provision shall be applicable only if the protected person is eligible for, has requested and is insured for such dependent benefits.

If a protected person or an eligible dependent, because of accidental bodily injuries or sickness, shall, while insured under this provision, incur for such injuries or sickness, "covered charges" (defined in the paragraph entitled COVERED CHARGES) in excess of any amounts payable under PARTS A and B of Plan II plus the Deductible Amount (defined in the paragraph entitled DEDUCTIBLE AMOUNT), the Association will pay 80% of such excess covered charges, but not to exceed, in the aggregate, the Maximum Payment (defined in the paragraph entitled MAXIMUM PAYMENT).

DEDUCTIBLE AMOUNT. The Deductible Amount is \$100.00 for each protected person and each dependent for all accidents and sicknesses or any combination thereof and is applied but once each Calendar Year. After benefits become payable and have been paid for a Calendar Year with respect to successive or concurrent accidents or sicknesses or any combination thereof, the further payment of benefits shall be subject to reapplication of the Deductible Amount. However, if Covered Charges incurred during the last three months of a Calendar Year are used to satisfy the Deductible Amount for such Calendar Year, they may be carried over and combined with subsequent Covered Charges to satisfy the Deductible Amount for the following Calendar Year.

CALENDAR YEAR. A Calendar Year begins on January 1 of each year and ends on December 31 of that same year.

MAXIMUM PAYMENT - The maximum aggregate benefits payable under this provision. The Maximum Payment is \$10,000.00 for all accidents or sicknesses or any combination thereof for each protected person and dependent.

After a total of at least \$1,000.00 has been paid under this provision for expenses incurred by any one person, effective the first of the subsequent Calendar Year and on the first of each Calendar Year thereafter, \$1,000.00 will be added to the balance of the Maximum Payment for which such person then qualifies until the Maximum Payment is reinstated to the original amount of \$10,000.00.

COVERED CHARGES. The covered charges referred to in this provision shall be those charges incurred for the following services and supplies which are reasonably necessary for treatment of an injury or illness, and which are not unreasonably priced or of a luxury nature, as determined by the charges generally incurred for cases of comparable nature and severity in the particular geographical area concerned:

1. Covered Hospital Charges - those covered charges incurred for the following services, and treatments and supplies which are recommended by the attending physician in the diagnosis and treatment of an injury or illness:
 - (a) Hospital charges for room and board, excluding any charge in excess of \$20.00 for hospital confinement in a private room.
 - (b) Hospital charges for drugs, medicines and other services and supplies, if used while confined in the hospital as a resident patient.
 - (c) Hospital charges for outpatient services in connection with (1) a surgical operation or related charges or (2) emergency treatment for accidental bodily injuries.
2. Covered Surgical Charges - those covered charges incurred for the following services:
 - (a) Charges made by a physician or surgeon for the performance of an operation or the repair of a dislocation or fracture (excluding assisting surgeons' charges).
 - (b) Charges for the services of a professional anesthetist, providing the anesthetist is not employed by a hospital which submits a charge to the protected person or dependent for his services.
3. Other Covered Charges - those covered charges incurred for the following services and supplies which are recommended by the attending physician in the diagnosis and treatment of an injury or illness, and which are not included in the description of Covered Hospital Charges or Covered Surgical Charges above:
 - (a) Other hospital charges incurred as an outpatient.
 - (b) Charges made by a physician for medical services, including his active services as an assistant surgeon.
 - (c) Charges made by a registered graduate nurse or qualified physiotherapist, except for services rendered by a person who ordinarily resides in the protected person's household or is a member of his family.
 - (d) Charges for local professional ambulance service, and if the injury or illness requires special and unique hospital treatment, transportation within the United States or Canada to the nearest hospital equipped to furnish the treatment not available in a local hospital, by professional ambulance, railroad or commercial airlines on a regularly scheduled flight.
 - (e) Charges for the following additional services and supplies: drugs and medicines requiring a physician's written prescription; diagnostic X-ray and laboratory service; oxygen and the rental of equipment for its administration; blood or blood plasma and its administration; radium, radioactive isotopes and X-ray therapy; casts, splints, braces, trusses and crutches; rental of hospital type bed, wheel chair, iron lung or similar durable therapeutic equipment; artificial limbs and eyes to replace natural limbs and eyes lost while insured under this provision; dental services rendered by a physician or dentist for the treatment of an injury to the jaw or to natural teeth, including the initial replacement of these teeth and any necessary dental X-rays resulting from an accident occurring while insured under this provision, provided the treatment is rendered within six months from the date of the accident.

NERVOUS OR MENTAL DISORDERS. If a protected person or an insured dependent shall incur covered charges because of a nervous or mental disorder, the following conditions shall also apply:

1. Covered Hospital Charges, charges for convulsive or shock treatment and charges for surgery performed as a result of a nervous or mental disorder shall be compensable in the same manner and subject to the same limitations and conditions as any other illness.
2. For all other covered charges incurred as a result of a nervous or mental disorder or combination thereof, the Association, providing such charges are incurred while the protected person or dependent is insured, will pay 50% of covered charges in excess of the Deductible Amount;

provided, however, that the maximum payable for professional psychiatric treatment by a physician at home, the office or the hospital shall not exceed \$15.00 per visit and not more than 50 visits during any one calendar year.

COMPLICATIONS OF PREGNANCY. Complications of pregnancy shall be defined to include only the following:

1. Surgical operations for extrauterine pregnancy;
2. Intra-abdominal surgery after termination of pregnancy;
3. Pernicious vomiting of pregnancy; and
4. Toxemia with convulsions.

If a female protected person or a dependent wife shall incur covered charges because of complications of pregnancy, as herein defined, the Association will pay benefits in the same manner and subject to the same limitations and conditions as any other illness, provided:

1. If such female protected person or dependent wife is eligible for maternity benefits under any other benefit provision of this group insurance plan for expenses incurred, payment for complications of pregnancy under this provision shall be in lieu of such maternity benefits.
2. If such female protected person or insured dependent wife is not eligible for maternity benefits under any other benefit provision of this group insurance plan for expenses incurred, the amount of benefits payable for complications of pregnancy shall be reduced by \$250.00.

COMMON ACCIDENT. If a protected person and one or more dependents or if two or more dependents, while insured under this provision, are injured in the same accident, all covered charges incurred as a result of such accident may be combined and only one Deductible Amount shall be charged, if applicable, against such covered charges, regardless of the number of individuals involved. This combined Deductible Amount shall also apply to future reapplications of the Deductible Amount for such common accident; however, nothing herein shall be construed to reduce the Maximum Payment for each insured person.

EXCEPTIONS AND LIMITATIONS. This policy does not cover:

1. Dental services rendered by a physician or dentist except as specifically provided under "Other Covered Charges;" or
2. Eye refractions or the fitting or cost of eyeglasses or hearing aids; or
3. Cosmetic surgery except for the repair of accidental injuries sustained while insured under this policy; or
4. Alcoholism or drug addiction; or
5. Pregnancy, including resulting childbirth, miscarriage or abortion, or resulting complications, except as provided under the paragraph entitled COMPLICATIONS OF PREGNANCY and MATERNITY BENEFITS and as provided under the Surgical Schedules for "Obstetrical Procedures;" or
6. Nervous or mental disorders under PART C of Plan II except as provided under the paragraph entitled NERVOUS OR MENTAL DISORDERS.

Covered Charges will be reduced by the amount of benefits payable or value of services provided (a) under any other plan for which any employer of the protected person or dependent makes payroll deductions or contributions, or (b) under any federal, state or other governmental program.

This provision is also subject to the exceptions contained in the EXCLUSIONS AND LIMITATIONS section of the General Provisions.

SP-0111-9

SETTLEMENT OF CLAIMS

PAYMENT OF CLAIMS. All indemnities provided by this policy other than benefits, if any, for loss of time on account of disability will be payable within sixty days after receipt of due proof.

If this policy includes indemnity for loss of time on account of disability, all accrued benefits payable for loss of time will, subject to due proof of loss, be paid each two weeks during the period for which the indemnity is payable hereunder, and any balance remaining unpaid at the end of such period will be paid immediately upon receipt of due proof.

If this policy includes indemnity for loss of life of a protected person, resulting from accidental bodily injuries, any such indemnity which may become payable shall be paid to the beneficiary designated by the protected person or, if there is no beneficiary designated or surviving, to the estate of the protected person. All other indemnities shall be payable to the protected person.

Consent of a protected person's beneficiary, if one be named, shall not be requisite to any change of beneficiary, or to any changes in this policy.

If any benefits of this policy shall be payable to the estate of the protected person or to a protected person or beneficiary who is a minor or otherwise not competent to give a valid release, the Association may pay to the hospital, physician or surgeon, on whose charge or fee claim is based, any sums due for Hospital Expense Benefits, Surgical Expense Benefits or Medical Expense Benefits toward satisfaction of any amounts still owed such hospital, physician or surgeon, and any balance of such sums and any sums due for Accident and Sickness Weekly Benefits may be paid, up to an amount not exceeding \$1,000.00, to any relative by blood or connection by marriage of the protected person or beneficiary who is deemed by the Association to be equitably entitled thereto. Any payment made by the Association in good faith pursuant to this provision shall fully discharge the Association to the extent of such payment.

MEDICAL EXAMINATION. The Association shall have the right, through its medical examiner, to examine any protected person so often as it may reasonably require during the pendency of a claim hereunder, and the right and opportunity to make an autopsy in case of death where it is not forbidden by law.

NOTICE AND PROOF OF CLAIMS. Written notice of injury or of sickness, for which claim is made, must be given the Association at its Home Office in Omaha, Nebraska, within sixty days after the date of the accident or within sixty days after the commencement of the sickness. In event of accidental death, if covered by this policy, written notice thereof must be given to the Association within twenty days after the date of death. Proof of such injury or sickness must be furnished to the Association at its Home Office in Omaha, Nebraska, within ninety days after the end of the period of disability for which claim is made. Failure to furnish notice or proof within the required time shall not invalidate nor reduce any claim if it shall be shown that notice or proof was given as soon as was reasonably possible.

The Association will furnish such forms as are usually furnished by it for filing proofs of loss. If such forms are not so furnished before the expiration of fifteen days after the Association receives notice of any claim hereunder, the person making such claim shall be deemed to have complied with the requirements of the policy as to proof of loss upon submitting within the time fixed herein for filing proofs of loss, written proof covering the occurrence, character and extent of the loss for which claim is made.

LEGAL PROCEEDINGS. No action at law or in equity shall be brought for recovery under this policy prior to the expiration of sixty days after proof of loss has been filed in accordance with the requirements of this policy and no such action shall be brought at all unless brought within three years from the expiration of the time within which proof of loss is required by this policy.

CONFORMITY WITH STATE STATUTES. Any provision of this policy which, on its effective date, is in conflict with the statutes of the state in which the Policyholder resides on such date is hereby amended to conform to the minimum requirements of such statutes.



MUTUAL BENEFIT
HEALTH & ACCIDENT
ASSOCIATION
OMAHA

Form 701 MGM

LARGEST
ORGANIZATION
OF ITS KIND
IN THE WORLD

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Countersigned by _____
Licensed Resident Agent